



KENTUCKY COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)	TAX TERRITORY
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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	\$ DED FULL GUEST ONLY BUY BACK	PHYSICAL DAMAGE			
ADDITIONAL P.I.P.	5 7	OPTION #: AGGREG LIMIT \$	TOWING & LABOR	3 7	\$	
MOTORCYCLE P.I.P.	5 7	APPLIES TO CYCLES LISTED ON BACK \$	COMPREHENSIVE	2 4 8		
NAMED INDIVIDUAL-BROADENED P.I.P.	5 7	APPLIES TO INDIVIDUALS LISTED ON BACK \$		3 7		
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8		
	3 7			3 7		
UNINSURED MOT	2 6	CSL BI EA PER \$	COLLISION	2 4 8		
STACKED	3 7	BI EACH ACCIDENT \$		3 7		
NON-STKD	4					
UNDERINS MOT	2 6	CSL BI EA PER \$				
STACKED	3 7	BI EACH ACCIDENT \$				
NON-STKD	4					
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE	
	NO	\$			COMP \$	
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			SPEC C OF L \$	
	NO	EMPLOYEES			COLL \$	
		VOLUNTEERS				
		PARTNERS				
			COVERAGE 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	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	42 47	BI EACH ACCIDENT \$		42 46		\$
	43 50	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	43 47	SCL FT LSP	\$
PERSONAL INJURY PROTECTION	44 46	\$ DED FULL GUEST ONLY BUY BACK	COLLISION	42 46		
ADDITIONAL P.I.P.	44 46	OPTION #: AGGREG LIMIT \$		43 47	F FTW	
MOTORCYCLE P.I.P.	44 46	APPLIES TO CYCLES LISTED ON BACK \$	TOWING & LABOR	42 46		
NAMED INDIVIDUAL-BROADENED P.I.P.	44 46	APPLIES TO INDIVIDUALS LISTED ON BACK \$		43 47		
MEDICAL PAYMENTS	42 46	EACH PERSON \$		46		\$
UNINSURED MOT	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE			
STACKED	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
NON-STKD	45		COMPREHENSIVE	48 49		
UNINSURED MOT	42 46	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 49		
STACKED	43	BI EACH ACCIDENT \$		48 49		
NON-STKD	45		COLLISION	48 49		\$
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS				
	NO	\$				
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
	NO	\$				
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF				
	NO	EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
			COVERAGE 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	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62	67				
	62	68	BI EACH ACCIDENT \$		63	68				
	63	71	PROPERTY DAMAGE \$		64					
	64									
PERSONAL INJURY PROTECTION	65	\$ DED <input type="checkbox"/> FULL <input type="checkbox"/> GUEST ONLY <input type="checkbox"/> BUY BACK	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP					
	67		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW					
ADDITIONAL P.I.P.	65	OPTION #: AGGREG LIMIT \$	64							
	67									
MOTORCYCLE P.I.P.	65	67	APPLIES TO CYCLES LISTED ON BACK \$	COLLISION	62	67				
NAMED INDIVIDUAL-BROADENED P.I.P.	65	67	APPLIES TO INDIVIDUALS LISTED ON BACK \$		63	68				
					64					
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$			
	63	67			67					
UNINSURED MOT STACKED	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64			COMPREHENSIVE	69					
UNDERINS MOT STACKED	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		70					
	63	67	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69					
	64				70					
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION		69					\$
	NO	\$			70					
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	NO	\$								
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE								
	NO	NUMBER OF								
		EMPLOYEES								
		VOLUNTEERS								
		PARTNERS								
OTHER			OTHER							
<p>COVERED AUTO SYMBOLS</p> <p>(61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY</p> <p>(64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</p> <p>(67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</p> <p>(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY</p>										

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 FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I HAVE HAD UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. THE LIMIT CHOICES IN THIS APPLICATION WILL APPLY UNLESS I HAVE REJECTED THE COVERAGE HERE.

I HAVE REJECTED UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED	NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED
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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
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