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- (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 COVERED AUTO SYMBOLS LIMITS COVERAGES PHYSICAL DAMAGE COVERED AUTO SYMBOLS BI EAPER \$ CSL COVERAGES LIMITS **DEDUCTIBLE** 67 62 68 BLEACH ACCIDENT \$ 62 67 LIABILITY 63 71 PROPERTY DAMAGE COMPREHENSIVE 63 68 \$ 64 64 LSP 62 67 SCL SPECIFIED 63 68 F FTW \$ CAUSES OF LOSS 64 62 67 COLLISION 63 68 \$ 64 62 64 63 MEDICAL TOWING **EACH PERSON** \$ **PAYMENTS** & LABOR 63 BI EA PER \$ 62 66 CSI TRAILER INTERCHANGE UNINSURED 63 67 # TRAILERS STATE # DAYS RADIUS DEDUCTIBLE BI EACH ACCIDENT **COVERAGES** SYMBOL MOTORIST 64 COMPREHENSIVE 70 69 SPECIFIED CAUSES OF LOSS 70 STATES COST OF HIRE IF ANY BASIS 69 NON-TRUCKERS COLLISION HIRED/BORROWED STATES STATES # DAYS # VEH COVERAGE/DEDUCTIBLE COST OF HIRE IF ANY BASIS HIRED/BORROWED LIABILITY COMP \$ STATES SPEC C OF L HIRED **GROUP TYPE** NUMBER OF \$ PHYSICAL NON-OWNED **EMPLOYEES** COLL \$ DAMAGE AUTO **VOLUNTEERS** LIABILITY SECONDARY **PARTNERS** COVERAGE IS: PRIMARY OTHER OTHER **COVERED AUTO SYMBOLS** (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (61) ANY AUTO (62) OWNED AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL-(69) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (63) OWNED PRIVATE PASS AUTOS ONLY SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY **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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMIT IS SHOWN, I HAVE REJECTED THIS COVERAGE. (INITIALS) 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.

DATE (MM/DD/YY)

PRODUCER'S

SIGNATURE

SIGNATURE