<u>ACORE</u>	TM	CC	νĒ	RA	GES	LIM	ITS S	ECTI	ON	AL AUTO											ATE	
PRODUCER										LICANT (First Named I	nsured)											
BUSINESS AUT	o s	ECTI	ON						1													
COVERAGES	RAGES COVERED AUTO SYMBOLS						LIMITS					COVERAGES COVERED AUTO SYMBOLS							LIMITS			
		1 4 9					CSL BI EA PER \$															
LIABILITY		2	_	7		BI E	ACH ACC	DENT	\$													
PERSONAL INJURY		3 8				PROPERTY DAMAGE \$																
PROTECTION DBEL	5 7				\$ DED \$						PHYSICAL DAMAG											
ADDITIONAL		5			\$ WORK LOSS \$				TOWING	TOWING				3								
P.I.P.		7				отн	ER EXP	\$		DEATH BENEFIT \$	& LABOR			7					\$			
WORK LOSS COORD		5		7			YES			NAMED INCLIDED	COMPREHE	NSIVE		2		4		8				
MEDICAL EXP ELIM		5	┵	7			NAMED I	NS ONL	1	NAMED INSURED AND RELATIVES	OOM RETIE					7						
MEDICAL PAYMENTS		2 4 8 7			EACH PERSON \$				SPECIFIED CAUSES OF	SPECIFIED CAUSES OF LOSS				4 7		8						
	2 6			CSL BI EA PER \$					+				4		8							
STATUTORY JNINSURED		3		7		BI EA	ACH ACC		\$		COLLISION			_ 2 3		7		ا " ا				
MOTORIST		4												•								
SUPPLEMENTARY JNINSURED MOTORIST (SUM)	2 6					CSL BI EA PER \$																
		3 [7		BI E	ACH ACC	DENT	\$													
HIRED/BORROWED LIABILITY NON-OWNED LIABILITY	STA	4 ATES				COST OF HIRE IF ANY BASIS						STATE			S # DAYS			Н	COVERA	GE/DEDU	CTIBLE	
							\$												CON	COMP \$		
	STATES					GROUP TYPE NUMBER OF					HIRED								SPE C OI	C L \$		
						EMPLOYEES				PHYSICAL DAMAGE								COL	L \$			
					VOLUNTEERS				┥													
COVERED (1) AN	Y AUT	0				PARTNE		OWNE	LED AUTOS OTHER THA	.N PRIVATE PASS	ENGER		/ERAG	E IS:	(7) <i>F</i>	AUTO		RIMARY ECIFIED O		ECONDARY ULE	
AUTO (2) AL	L OWN	IED A		ASSENC	ER AL	ITOS	(5)	ALL O	WNED AUTOS WHICH D AUTOS SUBJECT T	REQUIRE NO-FA	ULT CO\	/ERA	GE		(8) H	HIRE	D AUT				
TRUCKERS SEC	TIC	N														,						
COVERAGES	COVERED AUTO SYMBOLS					LIMITS						PHYSICAL DAMAGE COVERED										
		41 46			CSL BI EA PER \$				COVERA	COVERAGES		AUTO SYMBOLS					LIMITS		DEDUCTIBLE			
LIABILITY		42		47			ACH ACC PERTY D		\$ \$		COMPREHE	NSIVE		42		46					\$	
PERSONAL INJURY PROTECTION		43	+	46		\$	PERITO	AIVIAGE		ED \$	SPECIFIED			43		47		SCL	FT	LSP		
DBEL		44		46		\$				•	CAUSES OF	LOSS		43		47		F	FTW		\$	
ADDITIONAL		44				\$			WOR	KLOSS \$	COLLISION			42		46					\$	
P.I.P.		46				ОТН	ER EXP	\$		DEATH BENEFIT \$	OOLLIGIOIV			43		47					Ψ	
MEDICAL PAYMENTS		42		46		EAC	H PERSO	N	\$		TOWING & LABOR			46			\$					
-		43	T	46		CSL BI EA PER \$						TRAILER INTERCHAI										
STATUTORY JNINSURED	43					BI EACH ACCIDENT \$					COVERA						AILERS STATE # DAYS RADIUS DEDUCTIBLE					
JININSUKED											COMPREHE	NCIVE		48								
MOTORIST		45									COMPREHE	NOIVE		49								
		1		46			CSL	BI EA P	ER \$					-10			_					
MOTORIST SUPPLEMENTARY JNINSURED		45 42 43		46		_	CSL _	EA P	ER \$		SPECIFIED CAUSES OF	1088		48								
MOTORIST SUPPLEMENTARY UNINSURED MOTORIST (SUM)	STA	45 42		46		BI EA	ACH ACC	EA P		IE ANIV BACIC	SPECIFIED CAUSES OF	LOSS		48 49								
SUPPLEMENTARY JININSURED MOTORIST (SUM)	STA	45 42 43 45	T	46		BIEA		EA P		IF ANY BASIS		LOSS		48 49 48							\$	
SUPPLEMENTARY JNINSURED MOTORIST (SUM) NON-TRUCKERS HIRED/BORROWED		45 42 43 45		46		COS \$	ACH ACC	EA P DENT		IF ANY BASIS	CAUSES OF	LOSS	TES	48 49 48 49	DAYS	#	¥ VE	Н	COVERAG	GE/DEDU		
SUPPLEMENTARY JNINSURED MOTORIST (SUM) NON-TRUCKERS HIRED/BORROWED	STA	45 42 43 45 ATES		46		COS \$	ACH ACC	EA P DENT			CAUSES OF		TES	48 49 48 49	DAYS	#	# VE	Н	CON	1P \$		
SUPPLEMENTARY JNINSURED MOTORIST (SUM) NON-TRUCKERS HIRED/BORROWED HIRED/BORROWED JABILITY	STA	45 42 43 45 ATES		46		COS \$ COS \$	T OF HIR T OF HIR	EA P DENT E			CAUSES OF		TES	48 49 48 49	DAYS	‡	₩ VE	H	CON SPE C OI	1P \$ C = L \$		
SUPPLEMENTARY JNINSURED MOTORIST (SUM) NON-TRUCKERS HIRED/BORROWED HIRED/BORROWED JABILITY NON-OWNED	STA	45 42 43 45 ATES		46		COS \$ COS \$ GRO	T OF HIR T OF HIR UP TYPE	DENT E E EES		IF ANY BASIS	CAUSES OF COLLISION		TES	48 49 48 49	DAYS	‡	⊭ VE	H	CON	1P \$ C = L \$		
SUPPLEMENTARY JNINSURED MOTORIST (SUM) NON-TRUCKERS HIRED/BORROWED HIRED/BORROWED LIABILITY	STA	45 42 43 45 ATES		46		COS \$ COS \$ GRO	T OF HIR T OF HIR UP TYPE EMPLOY VOLUNT	EES EERS		IF ANY BASIS	CAUSES OF COLLISION HIRED PHYSICAL			48 49 48 49 # E		#	# VE		COM SPE C OI	MP \$ C F L \$	CTIBLE	
SUPPLEMENTARY JNINSURED MOTORIST (SUM) NON-TRUCKERS HIRED/BORROWED HIRED/BORROWED JABILITY NON-OWNED	STA	45 42 43 45 ATES		46		COS \$ COS \$ GRO	T OF HIR T OF HIR UP TYPE	EES EERS		IF ANY BASIS NUMBER OF	CAUSES OF COLLISION HIRED PHYSICAL			48 49 48 49		‡	# VE		CON SPE C OI	MP \$ C F L \$		
SUPPLEMENTARY JNINSURED MOTORIST (SUM) NON-TRUCKERS HIRED/BORROWED HIRED/BORROWED LIABILITY NON-OWNED AUTO LIABILITY	STA	45 42 43 45 ATES				COS \$ COS \$ GRO	T OF HIR T OF HIR UP TYPE EMPLOY VOLUNT PARTNE	EES EERS RS	\$	IF ANY BASIS	CAUSES OF COLLISION HIRED PHYSICAL DAMAGE			48 49 48 49 # E		#	₩ VE		COM SPE C OI	MP \$ C F L \$	CTIBLE	

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 **COVERED AUTO SYMBOLS** LIMITS COVERAGES PHYSICAL DAMAGE COVERED AUTO SYMBOLS BI FAPER \$ CSL COVERAGES **DEDUCTIBLE** 67 LIMITS 62 68 BLEACH ACCIDENT \$ 62 67 LIABILITY 63 71 PROPERTY DAMAGE COMPREHENSIVE 63 68 \$ 64 64 PERSONAL INJURY PROTECTION LSP 65 67 DED 62 67 SCL \$ SPECIFIED OBEL 65 67 \$ 63 68 F FTW \$ CAUSES OF LOSS 65 \$ WORK LOSS \$ 64 **ADDITIONAL** DEATH BENEFIT \$ P.I.P. 67 OTHER EXP \$ 62 67 65 67 COLLISION 63 YES 68 \$ WORK LOSS COORD NAMED INSURED 65 67 NAMED INS ONLY 64 MEDICAL EXP ELIM AND RELATIVES 62 63 MEDICAL 64 TOWING **EACH PERSON** \$ **PAYMENTS** & LABOR 63 67 BI EA PER \$ 62 66 CSI TRAILER INTERCHANGE STATUTORY 63 67 # TRAILERS STATE # DAYS | RADIUS | DEDUCTIBLE UNINSURED BI EACH ACCIDENT COVERAGES SYMBOL MOTORIST 64 69 COMPREHENSIVE BI EA PER \$ 62 66 CSL 70 SUPPLEMENTARY UNINSURED 63 67 BI EACH ACCIDENT \$ 69 SPECIFIED MOTORIST (SUM) CAUSES OF LOSS 64 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 **PARTNERS** PRIMARY SECONDARY COVERAGE IS: OTHER OTHER **COVERED AUTO SYMBOLS** (70) YOUR TRAILERS IN THE POSSESSION OF (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (61) ANY AUTO (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (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** ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? (PROVIDE NAME OF PLAN AND PERSONS COVERED) NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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. 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 OTHER PERSON FILES AN APPLICATION FOR INSURANCE ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION. I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING. PRODUCER'S SIGNATURE