ACORE	OREGON O	COMMERCIAL AU	ТО								D	ATE	
PRODUCER	OOVERAGEO		First Named Insure	ed)									
BUSINESS AUT	O SECTION												
COVERAGES	COVERED AUTO SYMBOLS	LIMITS		COVERAG	GES	CO	VERED A	AUTO SYI	MBOLS		LIMIT	S	
IABILITY	1 4 9 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$											
PERSONAL INJURY PROTECTION	5 7	\$ MEDICAL NONE \$100 \$250 NAMED NAMED NAMED INS & FAMILY MEMBERS		PHYSICAL DAMAGE					E				
				TOWING & LABOR			3 7			\$			
				COMPREHEN	ISIVE		3	4 7	8				
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$		SPECIFIED CAUSES OF L	LOSS		3	4 7	8				
JNINSURED MOTORIST	2 6 7	CSL BI EA PER \$ BI EACH ACCIDENT \$		COLLISION		3	4 7	8					
HIRED/BORROWED	STATES	PROPERTY DAMAGE \$ COST OF HIRE IF ANY B	BASIS		STAT	ES	# DAY	S # '	VEH	COVERA	.GE/DEDU¢	CTIBLE	
NON-OWNED	STATES	S GROUP TYPE NUMBER EMPLOYEES VOLUNTEERS PARTNERS		HIRED PHYSICAL DAMAGE	COVE	COVERAGE IS: F			COMP \$ SPEC C OF L \$ COLL \$				
AUTO	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENG	(4) OWNED AUTOS (5) ALL OWNED AU	JTOS WHICH REQ	UIRE NO-FAU	ENGER LT COVE	ERAGE		(7) AU (8) HI	JTOS SP	ECIFIED C	N SCHEDI		
TRUCKERS SEC	. ,	,											
COVERAGES	COVERED AUTO SYMBOLS	LIMITS						HYSICAL	DAMAG	E			
LIABILITY PERSONAL INJURY PROTECTION	41 46 42 47 43 50	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ \$ MEDICAL EXP DED: NON NAMED NAMED NAMED NAMED NAMED	NE\$100	COVERAG COMPREHEN SPECIFIED	ISIVE	4 4 4	3		SCL	LIMITS	LSP	\$ \$	
PROTECTION	46	\$250 INSURED FAM	MILY MEMBERS	CAUSES OF L	1055	4		46	F	FTW		\$	
MEDICAL PAYMENTS	42 46	EACH PERSON \$		TOWING & LABOR		4		47	\$				
		42 46 CSL BI EA PER \$					TRAILER INTERCHAN				NGE		
JNINSURED MOTORIST	43 45	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$		COVERAG	ES	SYME 4	BOL #1			# DAYS	RADIUS	DEDUCTIBLE	
	<u>'</u>		-	SPECIFIED	ISIVE	4							
NON-TRUCKERS	STATES	COST OF HIRE IF ANY B	BASIS	CAUSES OF L	LOSS	4						\$	
HIRED/BORROWED	STATES	\$ COST OF HIRE IF ANY B		COLLISION	STAT	ES 4	9 # DAY	S #'	VEH		GE/DEDUC		
NON-OWNED AUTO LIABILITY	STATES	EMPLOYEES VOLUNTEERS	SWIDERCOI	HIRED PHYSICAL DAMAGE						COI SPE C O	EC FL \$		
OTHER		PARTNERS		OTHER		COVE	RAGE IS	S:	P	RIMARY	S	ECONDARY	
COVERED AUTO SYM 41) ANY AUTO 42) OWNED AUTOS C 43) OWNED COMMER	ONLY (45)	OWNED AUTOS SUBJECT TO NO-FAUL' OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED (48) TRAILE	FICALLY DESC AUTOS ONLY ERS IN YOUR I ILER INTERCH	, POSSES	SSION	UNDER) A	NOTHEI NTERCH	R TRUCKE	R UNDER	SESSION OF A TRAILER	

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 MEDICAL EXP DED: LSP 65 NONE 62 67 SCL \$ NAMED INS & FAMILY MEMBERS PERSONAL INJURY NAMED INSURED SPECIFIED 67 \$250 63 68 F FTW \$ **PROTECTION** 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 PROPERTY DAMAGE 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 **PARTNERS** PRIMARY SECONDARY COVERAGE IS: 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 PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION OF 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 OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW. UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY (UMBI) AND UNINSURED MOTORISTS PROPERTY DAMAGE (UMPD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE THE RIGHT TO PURCHASE UMBI LIMITS EQUAL TO MY BODILY INJURY (BI) LIABILITY LIMITS OR LIMITS NOT LOWER THAN THE MINIMUM BI LIMITS REQUIRED BY LAW. A BRIEF DESCRIPTION OF UMBI COVERAGE, THE LIMITS I HAVE SELECTED AND THE COST ARE FOUND IN THE ATTACHED SUPPLEMENT. 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 PRODUCER'S SIGNATURE SIGNATURE