

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 \$			
PHYSICAL DAMAGE					
			TOWING & LABOR	3 7	\$
			COMPREHENSIVE	2 4 8	
				3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$			
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	
			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 \$							
			SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW		\$		
			COLLISION	42 46 43 47			\$		
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46			\$		
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE						
	43 46	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$	COMPREHENSIVE	48 49					
			SPECIFIED CAUSES OF LOSS	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					
			COVERED AUTO SYMBOLS						
(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										
				SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP			\$	
					63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
					64						
				COLLISION	62	67				\$	
					63	68					
					64						
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63					\$	
	63	67			67						
UNINSURED MOTORIST	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		PROPERTY DAMAGE \$	COMPREHENSIVE	69						
					70						
				SPECIFIED CAUSES OF LOSS	69						
					70						
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69						
	<input type="checkbox"/> NO		\$		70						\$
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	<input type="checkbox"/> NO		\$								
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES		GROUP TYPE	NUMBER OF							
	<input type="checkbox"/> NO		<input type="checkbox"/> EMPLOYEES								
			<input type="checkbox"/> VOLUNTEERS								
			<input type="checkbox"/> PARTNERS								
OTHER				OTHER				COVERAGE IS:	PRIMARY	SECONDARY	

ENDORSEMENTS

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY SHOWN ABOVE, I HEREBY CONSENT TO THE COMPANY OBTAINING A CREDIT REPORT OR INVESTIGATIVE CREDIT REPORT ABOUT ME WHICH MAY CONTAIN INFORMATION AS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OR MODE OF LIVING. THE AUTHORIZATION TO OBTAIN THE ABOVE REPORT EXTENDS TO COMPANIES AFFILIATED WITH THE COMPANY, TO CONSUMER REPORTING AGENCIES AND INSURANCE SUPPORT ORGANIZATIONS REPRESENTING THE COMPANY, AND TO SUBSEQUENT REPORTS IN CONNECTION WITH THE SAME TRANSACTION TO THE EXTENT THAT SUCH REPORTS MAY BE OBTAINED UNDER THE FEDERAL FAIR CREDIT REPORTING ACT.

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, MAY BE COMMITTING A CRIME, SUBJECTING THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME, AND THAT I HAVE BEEN OFFERED UM COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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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