· · · · · · · · · · · · · · · · · · ·																							
ACORD _™			S	OU	JT ER	H CA	AROL	INA G	ARAGE AND DEALERS										D	DATE (MM/DD/YY)			
PRODUCER						7.020	<u>/</u>	020110	APPLICANT (First Named Insured)										F	FACILITY CODE			
COVE	RAGES/LI	МІТ	· C																				
		IVIII		ERED)							COVERE			D					25.114.011.151/			
COV	ERAGES	AU		O SYMBOLS				IITS OF LIABIL			COVER	AGES	AUTO SYMBOLS			<u>L</u>			S OF LIABI	LITY			
	21 27 22 28 23 29 24			27		GAR	AGE OPERATI	ONS OTHER THAN	HER THAN														
LIABILITY				28		A	AUTO ONLY	AL	JTO ONLY														
				29	EA ACCIDENT \$			\$															
					AGGREGATE																		
					DEALER	RS ONLY:	LIMITED		UNLIMITED				22		CSL		BI EA P	PER \$					
		25							DEDU	CTIBLE	UNINSURE MOTORIST			23	27	BI EACH ACCIDENT			\$				
PERSON PROTEC		27			\$		\$	\$		WOTORIOT			24	_	PROPERT	Y DAN	AMAGE \$ 20		0 DED				
PROTEC	TION													22	26	CSL			BI EA PER \$				
		25				TOTAL		WK LOSS \$			UNDERINS			23	27	BI EACH A	ACCIDE		\$				
ADDITIONAL		27				\$			MED \$		MOTORIST					PROPERT			\$ 20	0 DED			
P.I.P.		<u></u>				•		WED \$					24			T IXOI EIXI	1 5/11	, tol	Ψ = 0	O DED			
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		24	24 31				\$;								\$	\$		\$				
COLLISION		22 24			24	28												DEDUCTIBLE					
			23		27	31											\$						
OTHER																							
	EK	EEI	PER	S		LOC#		EN	TER THE LIM	IT FOR EACH	LOCATION	ı			# OF AUTO	s		UCTIBLE R AUTO					
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PHYSICA	L DAMAGE R	LEPORTING PERIOD						# DEALER/				S- # HOISTS		TEMPORARY LOCATION			ION LII	MIT TRANSIT LIMIT			IT		
		□ NOV				N-REPOR		PAIRER PLATES PORTATION P			LATES			¢				\$					
COVERE	D AUTO SYMI	BOLS						ALITOO OTLIF							\$								
(21) ANY			3020			(24) OWNED AUTOS OT (25) OWNED AUTOS SL									D IN ((32) COMPANY USE IN GARAGE BUS					=		
(22) ALL		S ALIT	-ne r	א וואר			AUTOS SUBJE								EPAIR/STORAGE								
(23) OWNED PRIVATE PASS AUTOS ONLY (27) SPECIFICALLY DESCRIBED AUTOS (31) AUTOS ON CONSIGNMENT AND DEALER AUTOS																							
ENDORSEMENTS/REMARKS																							
PERSO	NAI INFOR	MAT	ΓΙΟΝ	ABO	OUT	YOU M	AY BE CC	ILI ECTED E	ROM F	PERSONS	OTHER TH	IAN YOU	SUC	CH INFO)RM/	ATION AS	WFI	I AS	OTHER I	PERSONA	AI AND		
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												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 YOUF																							
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 INSURANC													RANCE										
CONTA	INING ANY	MA	TERI	ALL'	Y FA	ALSE INF	FORMATIO	N, OR CON	CEALS	FOR THE	PURPOSE	OF MISL	_EAD	ING IN	FOR	MATION C	ONC	ERNII	ng any i				
THERE	TO, COMMI	15 /	\ FR	400	ULE	NT INSU	RANCE AC	CT, WHICH IS	SACR	IIME AND S	OBJECTS	THE PERS	SON	IO CRI	MIINA	L AND CI	VIL PE	INAL	IIES.				
IF I AM REQUESTING INSURANCE FOR ANY INDIVIDUALLY OWNED PICKUP TRUCK, PANEL TRUCK, VAN, OR SIMILAR MOTOR VEHICLE, AND I H.										HAVE													
PREVIOUSLY USED THE VEHICLE(S) IN MY BUSINESS, I HAVE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION EITHER A COPY OF MY BUSINESS, OR A COPY OF IRS FORM 1040, SCHEDULE C OR SCHEDULE C-EZ, DETAILING NET PROFIT OR LOSS DERIVED FROM THE LEGITIF									SINESS														
COMMERCIAL USE OF THE VEHICLE(S). IF I HAVE NOT PREVIOUSLY USED SUCH VEHICLE(S) IN MY BUSINESS, OR IF I HAVE A NEW COMMERC										ERCIAL													
ENTERPRISE, I HAVE READ AND SIGNED THE SOUTH CAROLINA COMMERCIAL AUTO SUPPLEMENT, ACORD 62 SC.																							
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE																							
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APRI IC	ANT'S									DATE (M	IM/DD/YY)	DRODUG	ED'C										
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