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| AGENCY | 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 \$ DED \$ | | | |
| UNDERINSURED MOTORIST | 2 6 | CSL BI EA PER \$ | | | |
| | 3 7 | BI EACH ACCIDENT \$ | | | |
| | 4 | | | | |
| 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 | | | |
| | | | COVERAGES IS: PRIMARY SECONDARY | | |
| 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 | BI EACH ACCIDENT \$ | COVERAGES | SYMBOL | # TRAILERS | STATE | # DAYS | RADIUS | DEDUCTIBLE |
| | 45 | PROPERTY DAMAGE \$ DED \$ | COMPREHENSIVE | 48 49 | | | | | |
| UNDERINSURED MOTORIST | 42 46 | CSL BI EA PER \$ | SPECIFIED CAUSES OF LOSS | 48 49 | | | | | |
| | 43 | BI EACH ACCIDENT \$ | COLLISION | 48 49 | | | | | \$ |
| | 45 | | | | | | | | |
| NON-TRUCKERS HIRED/BORROWED | YES STATES NO | COST OF HIRE \$ IF ANY BASIS | | | | | | | |
| 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 | | | | | | | |
| | | | COVERAGES IS: PRIMARY SECONDARY | | | | | | |
| OTHER | | | OTHER | | | | | | |
| 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

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS | PHYSICAL DAMAGE | | | | | | |
|---|-------------------------------|--|--------------------------|----------------------|------------|--------------------------------|--------|--------|------------|
| COVERAGES | COVERED AUTO SYMBOLS | LIMITS | COVERED AUTO SYMBOLS | LIMITS | DEDUCTIBLE | | | | |
| LIABILITY | 61 67 62 68 63 71 64 | CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ | COMPREHENSIVE | 62 67 63 68 64 | \$ | | | | |
| | | | SPECIFIED CAUSES OF LOSS | 62 67 63 68 64 | \$ | | | | |
| | | | COLLISION | 62 67 63 68 64 | \$ | | | | |
| MEDICAL PAYMENTS | 62 64 63 67 | EACH PERSON \$ | TOWING & LABOR | 63 67 | \$ | | | | |
| UNINSURED MOTORIST | 62 66 63 67 64 | CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ DED \$ | TRAILER INTERCHANGE | | | | | | |
| UNDERINSURED MOTORIST | 62 66 63 67 64 | CSL BI EA PER \$ BI EACH ACCIDENT \$ | COVERAGES | SYMBOL | # TRAILERS | STATE | # DAYS | RADIUS | DEDUCTIBLE |
| NON-TRUCKERS HIRED/BORROWED | YES STATES NO | COST OF HIRE IF ANY BASIS \$ | COMPREHENSIVE | 69 70 | | | | | |
| HIRED/BORROWED LIABILITY | YES STATES NO | COST OF HIRE IF ANY BASIS \$ | SPECIFIED CAUSES OF LOSS | 69 70 | | | | | |
| NON-OWNED AUTO LIABILITY | YES STATES NO | GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS | COLLISION | 69 70 | | | | | \$ |
| OTHER | | | OTHER | | | | | | |
| COVERED AUTO SYMBOLS | | | TRAILER INTERCHANGE | | | | | | |
| (61) ANY AUTO | | | STATES | | | # DAYS | | | |
| (62) OWNED AUTOS ONLY | | | # DAYS | | | # VEH | | | |
| (63) OWNED PRIVATE PASS AUTOS ONLY | | | # VEH | | | COVERAGE IS: PRIMARY SECONDARY | | | |
| (64) OWNED COMMERCIAL AUTOS ONLY | | | OTHER | | | | | | |
| (65) OWNED AUTOS SUBJECT TO NO-FAULT | | | | | | | | | |
| (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW | | | | | | | | | |
| (67) SPECIFICALLY DESCRIBED AUTOS | | | | | | | | | |
| (68) HIRED AUTOS ONLY | | | | | | | | | |
| (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT | | | | | | | | | |
| (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT | | | | | | | | | |
| (71) NON-OWNED AUTOS ONLY | | | | | | | | | |

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

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.

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| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
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