

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																							
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE																		
	62	68	BI EACH ACCIDENT \$		COMP / OTC	62			67																	
	63	71	PROPERTY DAMAGE \$			63			68																	
	64					64																				
PERSONAL INJURY PROTECTION	65	\$ DED <input type="checkbox"/> FULL <input type="checkbox"/> GUEST ONLY <input type="checkbox"/> BUY BACK	SPECIFIED CAUSES OF LOSS	62		67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$																		
	67			63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW																				
ADDITIONAL P.I.P.	65	OPTION #: AGGREG LIMIT \$		64																						
MOTORCYCLE P.I.P.	65	67	APPLIES TO CYCLES LISTED ON BACK \$	COLLISION	62	67	\$																			
NAMED INDIVIDUAL-BROADENED P.I.P.	65	67	APPLIES TO INDIVIDUALS LISTED ON BACK \$		63	68																				
					64																					
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63	\$																				
	63	67			67																					
UNINSURED MOT STACKED	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE																						
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE																
	64			COMP / OTC	69																					
UNDERINSURED MOT STACKED	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		70																					
	63	67	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69																					
	64				70																					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$																
	NO		\$		70																					
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH																			
	NO		\$																							
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE																							
	NO		NUMBER OF																							
			EMPLOYEES																							
			VOLUNTEERS																							
			PARTNERS																							
OTHER				OTHER																						
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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 KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I HAVE HAD UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. THE LIMIT CHOICES IN THIS APPLICATION WILL APPLY UNLESS I HAVE REJECTED THE COVERAGE HERE.

I HAVE REJECTED UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED	NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED
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APPLICABLE TO BUSINESS AUTO, TRUCKERS AND MOTOR CARRIER: IS/ARE GARAGING LOCATION(S) WITHIN CITY LIMITS? YES NO
IF NO, PROVIDE NAME(S) OF APPLICABLE TAX TERRITORIES:

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	NATIONAL PRODUCER NUMBER
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