### GENERAL INFORMATION

**EXPLAIN ALL "YES" RESPONSES**

1. **WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?**
   - **VEH #**
   - **NAME OF OTHER OWNER**

2. **DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?**

3. **IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?**

4. **ARE ANY VEHICLES LEASED TO OTHERS?**

5. **ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?**
   - **VEH #**
   - **DESCRIPTION**
   - **COST**

6. **ARE ICC, PUC OR OTHER FILINGS REQUIRED?** (If "YES", attach ACORD 194)

7. **DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?**

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**ACORD 127 (2009/01)**

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GENERAL INFORMATION (continued)

EXPLAIN ALL “YES” RESPONSES

8. ANY HOLD HARMLESS AGREEMENTS?

9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.

10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?

11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?

12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?

13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?

14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?

APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:

1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or

2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.

<table>
<thead>
<tr>
<th>DRV #</th>
<th>DATE (MM/DD/YYYY)</th>
<th>TYPE</th>
<th>PLACE (CITY, STATE)</th>
<th># YRS REV</th>
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</thead>
</table>

15. HAS AGENT INSPECTED VEHICLES?

16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?

DESCRIPTION OF GARAGE / STORAGE LOCATIONS

MAXIMUM DOLLAR VALUE SUBJECT TO LOSS $ 

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

<table>
<thead>
<tr>
<th>INTEREST</th>
<th>NAME AND ADDRESS</th>
<th>RANK:</th>
<th>EVIDENCE</th>
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INTEREST IN ITEM NUMBER

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REFERENCE / LOAN #:

INTEREST

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REFERENCE / LOAN #:

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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<th>MAKE:</th>
<th>BODY TYPE:</th>
<th>VEHICLE TYPE</th>
<th>SYM/AGE</th>
<th>COST NEW</th>
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**GARAGING ADDRESS**

- STREET (Required in KY)
- CITY
- COUNTY
- STATE
- ZIP

**LIC STATE**

- TERR
- G.W./G.C.W.
- CLASS
- SIC
- FACTOR
- COMP.
- RADIO
- C.O.L.

**DRIVE TO WORK/SCHOOL**

- USE
- CHECK COVERAGE
- ADD/L. NO-FAULT
- UNINS
- TOWING & LABOR
- SPEC.
- CO.L.
- F
- LSP
- COMP.
- OTC
- COLL
- REMB
- FG
- ST. AMT
- TOTAL PREM

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- TOTAL PREM

**PRODUCER’S SIGNATURE**

- PRODUCER’S NAME (Please Print)
- STATE PRODUCER LICENSE NO

**APPLICANT’S SIGNATURE**

- DATE
- NATIONAL PRODUCER NUMBER

*ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MATERIALLY THEREOF, COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)*

*IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS Guilty OF A FELONY OF THE THIRD DEGREE.*

*IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MATERIALLY THEREOF, COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.*

*IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.*

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