BUSINESS AUTO SECTION

COVERAGES COVERED AUTO SYMBOLS LIMITS COVERAGES COVERED AUTO SYMBOLS LIMITS

LIABILITY 1 4 9 CSL EA PER $ 1 4 9 CSL EA PER $
2 7 BI EACH ACCIDENT $ 2 7 BI EACH ACCIDENT $
3 8 PROPERTY DAMAGE $ 3 8 PROPERTY DAMAGE $

PERSONAL INJURY PROTECTION 5 7 $ DED $ 5 7 $ DED $

OBEL 5 7 $ PHYSICAL DAMAGE

ADDITIONAL P.I.P. 5 $ WORK LOSS DEATH BENEFIT $ 7 OTHER EXP $ $ 7

WORK LOSS COORD 5 7 YES NO 7 4 8

MEDICAL EXP ELIM 5 7 NAMED INS ONLY NAMED INSURED AND RELATIVES
2 4 8 3 7

MEDICAL PAYMENTS 2 4 9 EACH PERSON $ 3 7

STATUTORY UNINSURED MOTORIST 2 6 CSL EA PER $ 3 7

SUPPLEMENTARY UNINSURED/ UNDERINSURED MOTORIST (SUM) 2 6 CSL EA PER $ 3 7

HIRED/BORROWED LIABILITY YES STATES COST OF HIRE IF ANY BASIS
NO

NON-OWNED LIABILITY YES STATES GROUP TYPE NUMBER OF
NO EMPLOYEES VOLUNTEERS PARTNERS

TRUCKERS SECTION

COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE

LIABILITY 41 46 CSL EA PER $ 41 46 CSL EA PER $
42 47 BI EACH ACCIDENT $ 42 47 BI EACH ACCIDENT $
43 50 PROPERTY DAMAGE $ 43 50 PROPERTY DAMAGE $

PERSONAL INJURY PROTECTION 44 46 $ DED $

OBEL 44 46 $ 44 46 $ 44 46 $ 44 46 $

ADDITIONAL P.I.P. 44 $ WORK LOSS DEATH BENEFIT $ 46 OTHER EXP $ $ 46

WORK LOSS COORD 44 46 YES NO 44 46 YES NO

MEDICAL EXP ELIM 44 46 NAMED INS ONLY NAMED INSURED AND RELATIVES

MEDICAL PAYMENTS 42 46 EACH PERSON $ 43

STATUTORY UNINSURED MOTORIST 42 46 CSL EA PER $ 43

SUPPLEMENTARY UNINSURED/ UNDERINSURED MOTORIST (SUM) 42 46 CSL EA PER $ 43

NON-TRUCKERS HIRED/BORROWED LIABILITY YES STATES COST OF HIRE IF ANY BASIS
NO

HIRED/BORROWED LIABILITY YES STATES COST OF HIRE IF ANY BASIS
NO

NON-OWNED AUTO LIABILITY YES STATES GROUP TYPE NUMBER OF
NO EMPLOYEES VOLUNTEERS PARTNERS

COVERED AUTO SYMBOLS

(41) ANY AUTO
(42) OWNED AUTOS ONLY
(43) OWNED COMMERCIAL AUTOS ONLY
(44) OWNED AUTOS SUBJECT TO NO-FAULT LAW
(45) OWNED AUTOS SUBJECT TO A CERTIFIED COMPULSORY UNINSURED MOTORIST LAW
(46) SPECIFICALLY DESCRIBED AUTOS
(47) HIRED AUTOS ONLY
(48) TRAILERS IN YOUR POSSESSION UNDER TRAILER INTERCHANGE AGREEMENT
(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(50) NON-OWNED AUTOS ONLY

TRAILER INTERCHANGE

COVERAGES SYMBOL # TRAILERS STATE # DAYS RADIUS DEDUCTIBLE

LIABILITY 48 49 COMPREHENSIVE 48 49

PERSONAL INJURY PROTECTION 48 SPECIFIED CAUSES OF LOSS

OBEL 48 49 COLL $ 48 49

ADDITIONAL P.I.P. 48 $ WORK LOSS DEATH BENEFIT $ 49

WORK LOSS COORD 48 49 YES NO 48 49 YES NO

MEDICAL PAYMENTS 48

STATUTORY UNINSURED MOTORIST 48

SUPPLEMENTARY UNINSURED/ UNDERINSURED MOTORIST (SUM) 48

NON-TRUCKERS HIRED/BORROWED LIABILITY YES STATES COST OF HIRE IF ANY BASIS
NO

HIRED/BORROWED LIABILITY YES STATES COST OF HIRE IF ANY BASIS
NO

NON-OWNED AUTO LIABILITY YES STATES GROUP TYPE NUMBER OF
NO EMPLOYEES VOLUNTEERS PARTNERS

COVERAGE IS: PRIMARY SECONDARY

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### MOTOR CARRIER SECTION

#### COVERAGES

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<td>EA PER $</td>
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<td>OTHER</td>
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</tbody>
</table>

#### COVERED AUTO SYMBOLS

- (61) ANY AUTO
- (62) OWNED AUTOS ONLY
- (63) OWNED PRIVATE PASS AUTOS ONLY
- (64) OWNED COMMERCIAL AUTOS ONLY
- (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 INTERCHANGE AGREEMENT
- (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
- (71) NON-OWNED AUTOS ONLY

#### ENDORSEMENTS

### ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? (PROVIDE NAME OF PLAN AND PERSONS COVERED)

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.

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

### APPLICANT’S SIGNATURE

DATE

PRODUCER’S SIGNATURE

NATIONAL PRODUCER NUMBER

ACORD 137 NY (2003/11)