### BUSINESS AUTO SECTION

<table>
<thead>
<tr>
<th>COVERAGES</th>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
<th>COVERAGES</th>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIABILITY</td>
<td>1 4 9</td>
<td>CSL BI EA PER $</td>
<td>2 7</td>
<td>BI EACH ACCIDENT $</td>
<td>3 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROPERTY DAMAGE $</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### PHYSICAL DAMAGE

- TOWING & LABOR
  - 3
  - 7
  - $3
- COMP / OTC
  - 2 4 8
  - 3 7

#### MEDICAL PAYMENTS

- EACH PERSON
  - 2
  - 4
  - 6
  - 3
  - 7
  - $3

#### UNINSURED MOTORIST

- CSL BI EA PER $3
  - 2
  - 6
  - 3
  - 7
  - 4
  - $3

#### UNDERSURED MOTORIST

- CSL BI EA PER $3
  - 2
  - 6
  - 3
  - 7
  - 4
  - $3

#### HIRED / BORROWED LIABILITY

- YES STATES
  - COST OF HIRE
  - IF ANY BASIS
  - $3

#### NON-OWNED LIABILITY

- YES STATES
  - GROUP TYPE
  - NUMBER OF
  - EMPLOYEES
  - VOLUNTEERS
  - PARTNERS

#### HIRED PHYSICAL DAMAGE

- STATES
  - # DAYS
  - # VEH
  - COVERAGE / DEDUCTIBLE
  - COMP
  - SPEC
  - C OF L
  - COLL

#### COVERED AUTO SYMBOLS

- (1) ANY AUTO
- (2) ALL OWNED AUTOS
- (3) OWNED PRIVATE PASSENGER AUTOS
- (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER
- (5) 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

### ENDORSEMENTS / REMARKS

(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### SIGNATURE

PERSONAL INFORMATION ABOUT YOU 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 ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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.
### TRUCKERS SECTION

<table>
<thead>
<tr>
<th>COVERED AUTO SYMBOLS</th>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
<th>PHYSICAL DAMAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>46</td>
<td>CSL</td>
<td>BI EACH ACCIDENT</td>
</tr>
<tr>
<td>42</td>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>50</td>
<td></td>
<td>PROPERTY DAMAGE</td>
</tr>
<tr>
<td>44</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COVERED AUTO SYMBOLS</th>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
<th>DEDUCTIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>47</td>
<td>SCL</td>
<td>FT</td>
</tr>
<tr>
<td>43</td>
<td></td>
<td>FTW</td>
<td>$</td>
</tr>
<tr>
<td>44</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

### UNINSURED MOTORIST

<table>
<thead>
<tr>
<th>COVERED AUTO SYMBOLS</th>
<th>LIMITS</th>
<th>DEDUCTIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>43</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

### TRAILER INTERCHANGE

<table>
<thead>
<tr>
<th>COVERED AUTO SYMBOLS</th>
<th>SYMBOL</th>
<th>TRAILERS</th>
<th>ZONE</th>
<th># DAYS</th>
<th>RADIUS</th>
<th>DEDUCTIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### SIGNATURE

PERSONAL INFORMATION ABOUT YOU 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 ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THEREOF, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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
## Coverages

### Liabilities
- **Medical Payments**
  - Covered Auto Symbols: 62, 64
  - Limits: $\text{EA PER}$, $\text{BI EACH ACCIDENT}$, $\text{BI EACH PERSON}$
  - States: 62, 64
- **Uninsured Motorist**
  - Covered Auto Symbols: 62, 66
  - Limits: $\text{EA PER}$, $\text{BI EACH ACCIDENT}$
  - States: 62, 66
- **Underinsured Motorist**
  - Covered Auto Symbols: 62, 66
  - Limits: $\text{EA PER}$, $\text{BI EACH ACCIDENT}$
  - States: 62, 66
- **Trucking Hired/Borrowed Liability**
  - Covered Auto Symbols: 63, 64
  - Limits: $\text{EA PER}$, $\text{BI EACH ACCIDENT}$
  - States: 63, 64
- **Non-Owned Auto Liability**
  - Covered Auto Symbols: 62, 64
  - Limits: $\text{EA PER}$, $\text{BI EACH PERSON}$
  - States: 62, 64

### Physical Damage
- **Comp/OTC**
  - Covered Auto Symbols: 62, 67
  - Limits: $\text{EA PER}$, $\text{BI EACH ACCIDENT}$
  - States: 62, 67
- **Collision**
  - Covered Auto Symbols: 63, 64
  - Limits: $\text{EA PER}$, $\text{BI EACH ACCIDENT}$
  - States: 63, 64
- **Specified Causes of Loss**
  - Covered Auto Symbols: 62, 67
  - Limits: $\text{EA PER}$, $\text{BI EACH ACCIDENT}$
  - States: 62, 64
- **Trailer Liability**
  - Covered Auto Symbols: 62, 67
  - Limits: $\text{EA PER}$, $\text{BI EACH PERSON}$
  - States: 62, 67

## Endorsements / Remarks

### 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 Underinsured Motorists 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 Truck Under a Trailer Interchange Agreement
- (71) Non-Owned Autos Only

## Signature

PERSONAL INFORMATION ABOUT YOU 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 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 ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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: [Signature]
DATE: [Date]
PRODUCER'S SIGNATURE: [Signature]
NATIONAL PRODUCER NUMBER: [Number]