

PRODUCER	APPLICANT (First Named Insured)
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			
BODILY INJURY LIABILITY	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> BI EACH PERSON \$20,000						
	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/>	<input type="checkbox"/> BI EACH ACCIDENT \$40,000						
	<input type="checkbox"/> 3 <input type="checkbox"/> 8							
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/> 5	PER PERSON \$ 8,000 DED \$	PHYSICAL DAMAGE					
	<input type="checkbox"/> 7	<input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS						
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 9	EACH ACCIDENT \$	OPTIONAL TOWING & LABOR	<input type="checkbox"/> 3				
	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8		<input type="checkbox"/> 7	\$				
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$	OPTIONAL COMPREHENSIVE	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8				
	<input type="checkbox"/> 3 <input type="checkbox"/> 7		<input type="checkbox"/> 3 <input type="checkbox"/> 7					
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/> 2 <input type="checkbox"/> 6	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	OPTIONAL COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8				
	<input type="checkbox"/> 3 <input type="checkbox"/> 7	<input type="checkbox"/> BI EACH ACCIDENT \$		<input type="checkbox"/> 3 <input type="checkbox"/> 7				
	<input type="checkbox"/> 4	PROPERTY DAMAGE \$						
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9	EACH PERSON \$						
	<input type="checkbox"/> 2 <input type="checkbox"/> 7	EACH ACCIDENT \$						
	<input type="checkbox"/> 3 <input type="checkbox"/> 8	<input type="checkbox"/> MOTORCYCLE GUEST OCCUPANT EXCLUSION						
OPTIONAL HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE	
								<input type="checkbox"/> COMP \$
OPTIONAL NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	COVERAGE IS:	PRIMARY	SECONDARY	<input type="checkbox"/> SPEC C OF L \$	
		<input type="checkbox"/> EMPLOYEES					<input type="checkbox"/> COLL \$	
		<input type="checkbox"/> VOLUNTEERS						
		<input type="checkbox"/> PARTNERS						
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						
BODILY INJURY LIABILITY	<input type="checkbox"/> 41 <input type="checkbox"/> 46	<input type="checkbox"/> BI EACH PERSON \$ 20,000	OPTIONAL COMPREHENSIVE	<input type="checkbox"/> 42 <input type="checkbox"/> 46			\$		
	<input type="checkbox"/> 42 <input type="checkbox"/> 47	<input type="checkbox"/> BI EACH ACCIDENT \$ 40,000		<input type="checkbox"/> 43 <input type="checkbox"/> 47					
	<input type="checkbox"/> 43 <input type="checkbox"/> 50								
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/> 44	PER PERSON \$ 8,000 DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 42 <input type="checkbox"/> 46	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP		
	<input type="checkbox"/> 46	<input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS		<input type="checkbox"/> 43 <input type="checkbox"/> 47	<input type="checkbox"/> F	<input type="checkbox"/> FTW			
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/> 41 <input type="checkbox"/> 43 <input type="checkbox"/> 47	EACH ACCIDENT \$	OPTIONAL COLLISION	<input type="checkbox"/> 42 <input type="checkbox"/> 46			\$		
	<input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 50			<input type="checkbox"/> 43 <input type="checkbox"/> 47					
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/> 42 <input type="checkbox"/> 46	EACH PERSON \$	OPTIONAL TOWING & LABOR	<input type="checkbox"/> 46			\$		
	<input type="checkbox"/> 43								
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/> 42 <input type="checkbox"/> 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	<input type="checkbox"/> 43	<input type="checkbox"/> BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	<input type="checkbox"/> 45	PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	<input type="checkbox"/> 48					
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/> 41 <input type="checkbox"/> 46	EACH PERSON \$	OPTIONAL SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 49					
	<input type="checkbox"/> 42 <input type="checkbox"/> 47	EACH ACCIDENT \$		<input type="checkbox"/> 48					
	<input type="checkbox"/> 43 <input type="checkbox"/> 50	<input type="checkbox"/> MOTORCYCLE GUEST OCCUPANT EXCLUSION		<input type="checkbox"/> 49					
OPTIONAL NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	OPTIONAL COLLISION	<input type="checkbox"/> 48					\$
				<input type="checkbox"/> 49					
OPTIONAL HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE		
								<input type="checkbox"/> COMP \$	
OPTIONAL NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	NUMBER OF	COVERAGE IS:	PRIMARY	SECONDARY	<input type="checkbox"/> SPEC C OF L \$		
		<input type="checkbox"/> EMPLOYEES					<input type="checkbox"/> COLL \$		
		<input type="checkbox"/> VOLUNTEERS							
		<input type="checkbox"/> PARTNERS							
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			DEDUCTIBLE	
BODILY INJURY LIABILITY	<input type="checkbox"/> 61	<input type="checkbox"/> 67	<input type="checkbox"/>	BI EACH PERSON \$ 20,000	OPTIONAL COMPREHENSIVE	<input type="checkbox"/> 62	<input type="checkbox"/> 67				\$	
	<input type="checkbox"/> 62	<input type="checkbox"/> 68	<input type="checkbox"/>	BI EACH ACCIDENT \$ 40,000		<input type="checkbox"/> 63	<input type="checkbox"/> 68					
	<input type="checkbox"/> 63	<input type="checkbox"/> 71				<input type="checkbox"/> 64						
	<input type="checkbox"/> 64											
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/> 65			PER PERSON \$ 8,000 DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 62	<input type="checkbox"/> 67	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	\$	
	<input type="checkbox"/> 67			<input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS		<input type="checkbox"/> 63	<input type="checkbox"/> 68	<input type="checkbox"/> F	<input type="checkbox"/> FTW			
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/> 61	<input type="checkbox"/> 64	<input type="checkbox"/> 71	EACH ACCIDENT \$	OPTIONAL COLLISION	<input type="checkbox"/> 62	<input type="checkbox"/> 67				\$	
	<input type="checkbox"/> 62	<input type="checkbox"/> 67				<input type="checkbox"/> 63	<input type="checkbox"/> 68					
	<input type="checkbox"/> 63	<input type="checkbox"/> 68				<input type="checkbox"/> 64						
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/> 62	<input type="checkbox"/> 64			OPTIONAL TOWING & LABOR	<input type="checkbox"/> 63				\$		
	<input type="checkbox"/> 63	<input type="checkbox"/> 67	EACH PERSON \$			<input type="checkbox"/> 67						
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/> 62	<input type="checkbox"/> 66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	<input type="checkbox"/> 63	<input type="checkbox"/> 67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	<input type="checkbox"/> 64			PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	<input type="checkbox"/> 69						
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/> 61	<input type="checkbox"/> 64	<input type="checkbox"/> 71	EACH PERSON \$	OPTIONAL SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 70						
	<input type="checkbox"/> 62	<input type="checkbox"/> 67				<input type="checkbox"/> 69						
	<input type="checkbox"/> 63	<input type="checkbox"/> 68				<input type="checkbox"/> 70						
OPTIONAL NON-TRUCKERS HIRED/BORROWED	STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		OPTIONAL COLLISION	<input type="checkbox"/> 69					\$	
OPTIONAL HIRED/BORROWED LIABILITY	STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		OPTIONAL HIRED PHYSICAL DAMAGE	STATES		# DAYS	# VEH	COVERAGE/DEDUCTIBLE		
OPTIONAL NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE			NUMBER OF				<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$		
			EMPLOYEES									
			VOLUNTEERS									
			PARTNERS									
OTHER					OTHER							
COVERED AUTO SYMBOLS (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT												

ENDORSEMENTS

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE / /	PRODUCER'S SIGNATURE
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