

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	1 4 9	BI EACH PERSON \$20,000						
	2 7	BI EACH ACCIDENT \$40,000						
	3 8							
COMPULSORY PERSONAL INJURY PROTECTION	5	PER PERSON \$ 8,000 DED \$	PHYSICAL DAMAGE					
	7	YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>						
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 7 9	EACH ACCIDENT \$	OPTIONAL TOWING & LABOR	3				
	2 4 8		OPTIONAL COMPREHENSIVE	2 4 8				
OPTIONAL MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8				
	3 7		OPTIONAL COLLISION	3 7				
COMPULSORY UNINSURED MOTORIST	2 6	CSL <input type="checkbox"/> BI EA PER \$						
	3 7	BI EACH ACCIDENT \$						
	4	PROPERTY DAMAGE \$						
OPTIONAL BODILY INJURY TO OTHERS	1 4 9	EACH PERSON \$						
	2 7	EACH ACCIDENT \$						
	3 8	MOTORCYCLE GUEST OCCUPANT EXCLUSION						
OPTIONAL HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE	
OPTIONAL NON-OWNED LIABILITY	STATES	GROUP TYPE		EMPLOYEES				<input type="checkbox"/> COMP \$
			VOLUNTEERS				<input type="checkbox"/> SPEC C OF L \$	
			PARTNERS				<input type="checkbox"/> COLL \$	
			COVERAGE IS:		PRIMARY	SECONDARY		
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	41 46	BI EACH PERSON \$ 20,000	OPTIONAL COMPREHENSIVE	42 46					DEDUCTIBLE
	42 47	BI EACH ACCIDENT \$ 40,000		43 47					
	43 50								
COMPULSORY PERSONAL INJURY PROTECTION	44	PER PERSON \$ 8,000 DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 46	SCL	FT	LSP		
	46	YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>		43 47	F	FTW			
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47	EACH ACCIDENT \$	OPTIONAL COLLISION	42 46					
	42 46 50			43 47					
OPTIONAL MEDICAL PAYMENTS	42 46	EACH PERSON \$	OPTIONAL TOWING & LABOR	46					
	43								
COMPULSORY UNINSURED MOTORIST	42 46	CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	43	BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	48					
	45	PROPERTY DAMAGE \$	49						
OPTIONAL BODILY INJURY TO OTHERS	41 46	EACH PERSON \$	OPTIONAL SPECIFIED CAUSES OF LOSS	48					
	42 47	EACH ACCIDENT \$		49					
	43 50	MOTORCYCLE GUEST OCCUPANT EXCLUSION							
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OPTIONAL COLLISION	48					
OPTIONAL HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE		
OPTIONAL NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE		EMPLOYEES				<input type="checkbox"/> COMP \$	
			VOLUNTEERS				<input type="checkbox"/> SPEC C OF L \$		
			PARTNERS				<input type="checkbox"/> COLL \$		
			COVERAGE IS:		PRIMARY	SECONDARY			
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	<input type="checkbox"/>	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"/>	<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		
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> 64					
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/> 61	<input type="checkbox"/> 64	<input type="checkbox"/> 71			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				<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"/>	EMPLOYEES	<input type="checkbox"/>			<input type="checkbox"/> SPEC C OF L				\$	
	<input type="checkbox"/>	VOLUNTEERS	<input type="checkbox"/>		<input type="checkbox"/> COLL				\$		
	<input type="checkbox"/>	PARTNERS	<input type="checkbox"/>		COVERAGE IS:			PRIMARY		SECONDARY	
OTHER					OTHER						

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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