

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
LIABILITY	61	67	CSL	BI EA PER \$	COMPREHENSIVE	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE
	62	68		BI EACH ACCIDENT \$		62	67				
	63	71		PROPERTY DAMAGE \$		63	68				
	64					64					
					SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
						63	68	F	FTW		
						64					
					COLLISION	62	67				\$
						63	68				
						64					
MEDICAL PAYMENTS	62	64		EACH PERSON \$	TOWING & LABOR	63					\$
	63	67				67					
UNINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE						
	63	67		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64			PROPERTY DAMAGE \$	COMPREHENSIVE	69					
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$		70					
	63	67		BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69					
	64					70					
NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE IF ANY BASIS	COLLISION	69					\$
	NO			\$		70					
HIRED/BORROWED LIABILITY	YES	STATES		COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO			\$							
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	OTHER	COVERAGE IS:			PRIMARY	SECONDARY	
	NO		EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER											

ENDORSEMENTS

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED/UNDERINSURED (U/I/UM) MOTORISTS BODILY INJURY (BI) COVERAGE UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE, AND UM PROPERTY DAMAGE COVERAGE AS APPLICABLE. I HAVE SELECTED THE LIMITS INDICATED HERE AND IN THE STATE SUPPLEMENT.

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	NATIONAL PRODUCER NUMBER
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