

PRODUCER	APPLICANT (First Named Insured)
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**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5	INCOME LEVEL: \$0-\$2,999 \$3,000-\$5,999 \$6,000-\$8,999 \$9,000-\$14,999 \$15,000-\$24,999 \$25,000 & OVER	<b>PHYSICAL DAMAGE</b>		
	7	OTHER: DED \$	TOWING & LABOR	3 7	\$
		COORD WK LOSS COORD MED EXP RJCT WK LOSS # pers below			
LIMITED PROPERTY DAMAGE LIABILITY	5 7	EA ACCIDENT \$ 500	COMPREHENSIVE	2 4 8	
PROPERTY PROT	5 7	EA ACCIDENT \$ 1,000,000		3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	DED \$
	3 7	BI EACH ACCIDENT \$			3 7
	4		LIMITED COLL		NO DED APPLIC NOT APPLIC
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	BROADENED COLL		DED \$
	3 7	BI EACH ACCIDENT \$			
	4				
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NO					
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF	COVERAGE IS:	PRIMARY SECONDARY	COMP \$
	NO	EMPLOYEES			SPEC C OF L \$
		VOLUNTEERS			
		PARTNERS			
<b>COVERED AUTO SYMBOLS</b>	(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			
LIABILITY	41 46	CSL BI EA PER \$	<b>COVERAGES</b>	<b>COVERED AUTO SYMBOLS</b>	<b>LIMITS</b>	<b>DEDUCTIBLE</b>
	42 47	BI EACH ACCIDENT \$	COMPREHENSIVE	42 46		\$
	43 50	PROPERTY DAMAGE \$		43 47		
PERSONAL INJURY PROTECTION	44	INCOME LEVEL: \$0-\$2,999 \$3,000-\$5,999 \$6,000-\$8,999 \$9,000-\$14,999 \$15,000-\$24,999 \$25,000 & OVER	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$
	46	OTHER: DED \$		43 47	F FTW	
		COORD WK LOSS COORD MED EXP RJCT WK LOSS # pers below	COLLISION	42 46		\$
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	46		\$
	43					
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	<b>TRAILER INTERCHANGE</b>			
	43	BI EACH ACCIDENT \$	<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>STATE # DAYS RADIUS DEDUCTIBLE</b>
	45		COMPREHENSIVE	48 49		
UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 49		
	43	BI EACH ACCIDENT \$				
	45		COLLISION	48 49		\$
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS \$				
NO						
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	COVERAGE IS:	PRIMARY SECONDARY		
	NO	EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
LIMITED PROPERTY DAMAGE LIABILITY	44 46	EA ACCIDENT \$ 500	LIMITED COLL		NO DED	APPLIC NOT APPLIC
PROPERTY PROT	44 46	EA ACCIDENT \$ 1,000,000	BROADENED COLL		DED \$	
<b>COVERED AUTO SYMBOLS</b>	(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										
LIABILITY	61	67	CSL	BI EA PER	\$	COMPREHENSIVE	62	67				\$	
	62	68	BI EACH ACCIDENT		\$		63	68					
	63	71	PROPERTY DAMAGE		\$		64						
	64												
PERSONAL INJURY PROTECTION	65		INCOME LEVEL:	\$0-\$2,999	\$3,000-\$5,999	\$6,000-\$8,999	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67		OTHER:		DED \$			63	68	F	FTW		
LIMITED PROPERTY DAMAGE LIABILITY	65	67	EA ACCIDENT		\$ 500	COLLISION	62	67				\$	
PROPERTY PROT	65	67	EA ACCIDENT		\$ 1,000,000		63	68					
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	
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$	COMPREHENSIVE	69						
	63	67	BI EACH ACCIDENT		\$	SPECIFIED CAUSES OF LOSS	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	STATES		GROUP TYPE	NUMBER OF			COVERAGE IS:			PRIMARY	SECONDARY		
	YES		EMPLOYEES										
	NO		VOLUNTEERS										
			PARTNERS										
OTHER						LIMITED COLL				NO DED	APPLIC	NOT APPLIC	
						BROADENED COLL				DED \$			

**ENDORSEMENTS (MCCA charge will be added to the premium)**

IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVER IN THE HOUSEHOLD.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO ONE YEAR FOR A MISDEMEANOR CONVICTION OR UP TO TEN YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000.00.

REJECTION WORK LOSS: ALL INSURED PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAVE NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGN BELOW.

I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDED UNDER THE PIP COVERAGE.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OF RECOVERY UNDER EACH. I HAVE INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES/PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION IS SELECTED, I DO NOT WISH TO PURCHASE ANY COLLISION COVERAGE FOR THAT VEHICLE.

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.

NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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