



NEW HAMPSHIRE COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	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 \$			
PHYSICAL DAMAGE					
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERED AUTO SYMBOLS
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			
		EMPLOYEES VOLUNTEERS PARTNERS			
			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						
LIABILITY	41 46	CSL BI EA PER \$	COMP / OTC	42 46		\$			
	42 47	BI EACH ACCIDENT \$		43 47					
	43 50	PROPERTY DAMAGE \$							
			SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$			
			COLLISION	42 46 43 47		\$			
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46		\$			
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE						
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$	COMP / OTC	48 49					
			SPECIFIED CAUSES OF LOSS	48 49					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49					\$
TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH					
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF							
		EMPLOYEES VOLUNTEERS PARTNERS							
			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							
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62	68	BI EACH ACCIDENT \$		COMP / OTC	62			67	
	63	71	PROPERTY DAMAGE \$			63			68	
	64					64				
			SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$			
				63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
				64						
			COLLISION	62	67		\$			
				63	68					
				64						
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$			
	63	67			67					
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64		PROPERTY DAMAGE \$	COMP / OTC	69					
					70					
			SPECIFIED CAUSES OF LOSS	69						
				70						
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69					\$
	<input type="checkbox"/> NO				70					
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	<input type="checkbox"/> NO									
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES		GROUP TYPE							
	<input type="checkbox"/> NO		EMPLOYEES							
			VOLUNTEERS							
			PARTNERS							
OTHER				OTHER						
COVERED AUTO SYMBOLS		(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF						
(61) ANY AUTO		(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	ANOTHER TRUCKER UNDER A TRAILER						
(62) OWNED AUTOS ONLY		(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	INTERCHANGE AGREEMENT						
(63) OWNED PRIVATE PASS AUTOS ONLY				(71) NON-OWNED AUTOS ONLY						

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE UM LIMIT(S) SHOWN IN THIS APPLICATION.

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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**STATEMENT OF RESIDENCY INCLUDING APPLICABLE EXEMPTIONS
FOR PURPOSE OF OBTAINING AUTOMOBILE INSURANCE**

- (a) A resident is a person who maintains his or her true, fixed and permanent residence within the State of New Hampshire, does not claim residency in any other state for any purpose and who has, through all of his or her actions, demonstrated a current intent to designate that the permanent residence is his or her principal place of physical presence for the indefinite future to the exclusion of all others; or
- (b) A resident is a person who has previously met the conditions of (a) above and who now maintains a permanent residence in New Hampshire for the entire year and has actually spent more than 183 days in New Hampshire during the previous calendar year.
- (c) Exemption from residency may be claimed if:
 - (1) The motor vehicle to be insured is garaged exclusively in New Hampshire; or
 - (2) The individual is on active duty in the military service of the United States and claims New Hampshire as their legal state of residence; or
 - (3) The individual is on active duty in the military service of the United States, currently stationed in New Hampshire, and all vehicles to be insured on this policy are currently garaged in New Hampshire.
- (d) I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, or if I claim for myself or any named insured to be entitled to exemption hereunder, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying.
- (e) I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed in (a) above if I fail to do so.
- (f) I/we, the applicant(s), has/have read the above and understand the penalties that may apply if I/we falsely claim to be a New Hampshire resident, or if we claim to be entitled to exemption hereunder.

CHECK ONE:

I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire as defined in (a) and (b) above and that I maintain a permanent residence located at:

Street Address

_____, New Hampshire

City / Town

I hereby claim that I am, and each named insured is entitled to exemption hereunder pursuant to (c) above.

Signed at:

City / Town

County

State

Signature

Date (MM/DD/YYYY)

Signature

Date (MM/DD/YYYY)