

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	\$
			COMPREHENSIVE	2 4 8	
				3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED/ UNDERINSURED MOTORIST	2 6	CSL (BI Only) EA ACC \$	COLLISION	2 4 8	
	3 7	CSL (BI PD) EA ACC \$		3 7	
	4	BI EA PER \$ EA ACC \$			
		PD EA ACC \$			
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	COVERED AUTO SYMBOLS
COVERED AUTO SYMBOLS					
(1) ANY AUTO		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER		(7) AUTOS SPECIFIED ON SCHEDULE	
(2) ALL OWNED AUTOS		(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE		(8) HIRED AUTOS	
(3) OWNED PRIVATE PASSENGER AUTOS		(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(9) NON-OWNED AUTOS	

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE				
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46			
	42 47	BI EACH ACCIDENT \$		43 47		\$	
	43 50	PROPERTY DAMAGE \$					
			SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$	
				43 47	F FTW		
			COLLISION	42 46		\$	
				43 47			
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46	\$		
UNINSURED/ UNDERINSURED MOTORIST	42 46	CSL (BI Only) EA ACC \$	TRAILER INTERCHANGE				
	43	CSL (BI PD) EA ACC \$	COMPREHENSIVE	48			
	45	BI EA PER \$ EA ACC \$		49			
			PD EA ACC \$				
			SPECIFIED CAUSES OF LOSS	48			
				49			
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COLLISION	48		\$	
				49			
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	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS
COVERED AUTO SYMBOLS							
(41) ANY AUTO		(44) OWNED AUTOS SUBJECT TO NO-FAULT		(46) SPECIFICALLY DESCRIBED AUTOS		(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT	
(42) OWNED AUTOS ONLY		(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW		(47) HIRED AUTOS ONLY		(50) NON-OWNED AUTOS ONLY	
(43) OWNED COMMERCIAL AUTOS ONLY				(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT			
OTHER							
OTHER							

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		68					
	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/ UNDERINSURED MOTORIST	62	66	CSL (BI Only) EA ACC \$		TRAILER INTERCHANGE						
	63	67	CSL (BI PD) EA ACC \$		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64		BI EA PER \$ EA ACC \$		COMPREHENSIVE	69					
			PD EA ACC \$			70					
					SPECIFIED CAUSES OF LOSS	69					
						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								
	NO	EMPLOYEES									
		VOLUNTEERS									
		PARTNERS									
OTHER					OTHER						

ENDORSEMENTS

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. 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 UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:
 1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION _____ (INITIALS)
 2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY _____ (INITIALS)

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.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE UP TO THE BODILY INJURY LIMITS IN MY POLICY. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT. IN ADDITION, I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.

1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS) 3. I REJECT UM/UIM PD COVERAGE _____ (INITIALS)
 2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)

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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