





**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

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 <input type="checkbox"/> 63 <input type="checkbox"/>	64 <input type="checkbox"/> 67 <input type="checkbox"/>	EACH PERSON \$		TOWING & LABOR	63			\$													
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			COMP / OTC		69																
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		SPECIFIED CAUSES OF LOSS	70																
	63	67	BI EACH ACCIDENT \$	69																		
	64			COLLISION	70																	
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES _____	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		COLLISION	69					\$											
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES _____	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE		70																
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES _____	GROUP TYPE		STATES	# DAYS	# VEH															
			EMPLOYEES																			
			VOLUNTEERS	NUMBER OF																		
OTHER			PARTNERS	COVERAGE IS:		PRIMARY	SECONDARY															
<p><b>COVERED AUTO SYMBOLS</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;">(61) ANY AUTO</td> <td style="width:33%;">(64) OWNED COMMERCIAL AUTOS ONLY</td> <td style="width:33%;">(67) SPECIFICALLY DESCRIBED AUTOS</td> <td style="width:33%;">(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td>(62) OWNED AUTOS ONLY</td> <td>(65) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(68) HIRED AUTOS ONLY</td> <td>(71) NON-OWNED AUTOS ONLY</td> </tr> <tr> <td>(63) OWNED PRIVATE PASS AUTOS ONLY</td> <td>(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> <td></td> </tr> </table>											(61) ANY AUTO	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT	(62) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY	(63) OWNED PRIVATE PASS AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	
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**ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**SIGNATURE**

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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE, OR THE PREMIUM YOU WILL BE CHARGED. 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 UNINSURED AND UNDERINSURED MOTORISTS COVERAGES HAVE BEEN OFFERED TO ME. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.

PREMIUM QUOTED IS AN ESTIMATE ONLY AND THE PREMIUM CHARGED WILL BE IN ACCORDANCE WITH THE COMPANY'S FILED RATES.

**ELECTRONIC DELIVERY OF RENEWAL NOTICES**

YOU MAY REQUEST THAT YOUR RENEWAL NOTICES BE SENT TO YOU BY ELECTRONIC MAIL.

I REQUEST THAT RENEWAL NOTICES BE SENT TO ME BY ELECTRONIC MAIL.

APPLICANTS SIGNATURE: \_\_\_\_\_

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE 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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