AC	RAN	RANCE APPLICATION SECTION								Ι	DATE											
PRODUC	ER PHO		LIOAI		II OINIA		CARR				CODE:				UNDERWI	RITER						
							POLIC	IES OR PE	ROGR	AM RI	QUESTE	:D										
							INDICA	ATE SECT	IONS	ATTA	CHED		EQ	UIPMENT FLOA	DATER GARAGE AND DE			E AND DEA	ALERS			
							F	ROPERTY	′				INS	TALLATION/BU	JILDERS R	sĸ	v	/EHICLE	SCHEDU	LE		
								CCOUNTS			RLE/		_	CTRONIC DAT	TA PROC	-			ILER & MACHINERY			
CODE: AGENCY	CUSTOMER	e ID	SUB CO	DE:			VALUABLE PAPERS CRIME/MISCELLANEOUS					_	_ GE	NERAL LIABILI	TY				ORKERS COMPENSATION MBRELLA			
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STATL	S OF SL	BMISSI	ON			PACK				CARGO FORMATION			TRUCKERS/MOTOR CARRIER									
QU	ОТЕ		SSUE POLICY			ENTER	THIS INF	ORMATIO	N WH	IEN C	оммон і	DATES	AND	TERMS APPLY	TO SEVER	AL LINI	ES, OF	R FOR N	MONOLINE	POLIC	IES.	
во	UND (Give D	ate and/or A	Attach Copy):	_		PROP	OSED EF	F DATE	PR	ROPOS	SED EXP	DATE		BILLING PLAN		P/	AYMEN	NT PLAI	N		\UDI	П
	DATI	Ē	TIME		АМ									DIRECT BILL								
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		FORMAT	FION her Named Ins	urade)	FEIN OF	R SOC SEC	C#						MA	ILING ADDRES	S INCL ZID	+4 /of E	iret N	lamed Ir	reurad)			
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PA	RTNERSHIF	JOI	NT VENTURE		LIMITED CORPORATION	NC																
INSPECT	ON CONTA	CT	PHONE (A/C, N							ACCO	UNTING	RECO	RDS C		ONE C, No, Ext)	:						
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LOC#	BLD#		SIRE	:I, CIIY	, COUNTY, ST	IATE, ZIP	+4				LIMITS SIDE		OWNI	EREST	YR BUIL	.1		PAF	RT OCCUP	IED		
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GENE	RAL INFO	DRMATIC	ON							1												
		RESPONSE	S DIARY OF AND	THERE	NTITY OR DO)ES		YES	NO	_	AIN ALL			ONSES OR CLAIMS REL	ATING TO	SEXIIA	I ARI	USE OR	1	Y	ES	NO
THE	APPLICANT	HAVE ANY	SUBSIDIARIES	:?		,LG					MOLEST	<u>AOITA</u>	IALLE	GATIONS, DISC	CRIMINATIO	ON OR	NEGLI	IGENT I	HIRING?		+	
			RAM IN OPER							8.	OF ANY	DEGRI	EE OF	EN YEARS, HA THE CRIME OF cant for property	F ARSON?	(In RI, t	his que	estion m	ust be			
		PHE EXPOS	ABLES, EXPLO	ISIVES,	CHEMICALS	<u>'</u>					the exists	ence of	an ars	on conviction is year of imprison	a misdeme							
			TH THIS COMI	PANY OI	R BEING SUB	MITTED?				9				FIRE CODE V							\top	
6. ANY I	POLICY OR	COVERAGE	DECLINED, C S? NOT APPLI	ANCELL	LED OR NON-							IKRUF	TCIES	, TAX OR CRE			T THE	E APPLI	CANT		\top	
REMARK		OKO (EZIK	C. 14017111 E	<i>-</i>	III III O							7101 0	12711	·								
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FALS	SE INF	ORMA'	TION. O	R C	ONCEA	LS FO	or t	HE P	URI	POS	SE O	FΝ	1ISL	EADING	. INFO)RM	ATI	ON	CONC	ERN	IN	G
ANY	FACT	MATE	RIAL T	HER	ETO, C		ITS /	\ FRA	AUD Suu	UL Ret	ENT ANTI	INS	UR	ANCE A	CT, W	/HIC	ו H איסע	IS A		VIE /	٩N	D
CO,	HI, NE.	OH, OI	K, OR; IN	İMĔ	AND V	A, ins	ÜRAN	ICE B	EN	EFI	fs m	άΫ́	ALS	O BE DE	NIED)	J. (I	4U I	, Ar	FLIU/	-DLI	- 1	IN
· · · · ·						-				T	PRODUC											
	APPLICANT'S SIGNATURE								SIGNAT													

PRIOR CARRIER INFORMATION

LINE	CATEGORY										
	CARRIER										
	POLICY NUMBER										
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE	,	'					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	EFF-EXP DATE										
G E	GENERAL AGGREGATE										
c E	PRODUCTS COMP OP AGGREGATE										
GENERALL-AB-L- COMMERC-AL	PERSONAL & ADV INJ										
ΕĖ	EACH OCCURRENCE										
R I C A	L FIRE DAMAGE										
I B	MEDICAL EXPENSE										
	S BODILY OCCURRENCE										
T Y	INJURY AGGREGATE										
	PROPERTY OCCURRENCE										
	DAMAGE AGGREGATE										
	COMBINED SINGLE LIMIT										
	MODIFICATION FACTOR										
	TOTAL PREMIUM										
	CARRIER										
	POLICY NUMBER										
Α.	POLICY TYPE										
Ţ	EFF-EXP DATE										
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT										
BĖ	BODILY EA PERSON										
ĻŤ	INJURY EA ACCIDENT										
Ε.	PROPERTY DAMAGE										
	MODIFICATION FACTOR										
	TOTAL PREMIUM										
	CARRIER										
Р	POLICY NUMBER										
R	POLICY TYPE										
R O P E R T	EFF-EXP DATE										
Ŗ	BUILDING AMT										
Ý	PERS PROP AMT										
	MODIFICATION FACTOR										
	TOTAL PREMIUM										
	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	EFF-EXP DATE										
	LIMIT										
	MODIFICATION FACTOR										
	TOTAL PREMIUM										

LOSS HISTORY

	•				
ENTER ALL CLAIMS FOR THE PRIOR 5 Y		ATTACHED SUMMARY			
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	AMOUNT RESERVED	CLAIM STATUS	
					OPEN
					CLOSED
					OPEN
					CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES

NOTICE OF INSURANCE INFORMATION PRACTICES

PRESONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

<u>ACORD</u>	NORTH CA ™ COVERAGES	AROLINA COMMERCIAL /LIMITS SECTION	AUIO		DATE (MM/DD/YY)
PRODUCER	OO TEN TOES	APPLICANT (First Named In		FACILI	TY CODE:
BUSINESS AUT		T			Т
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL EA PER \$ BI EACH ACCIDENT \$			
LIABILITY	3 8	PROPERTY DAMAGE \$			
			*Include the Fire Distri TOWING & LABOR	PHYSICAL DAMAG ict name and code # if fire or co	GE omprehensive coverage is provided \$
			COMPREHENSIVE*	2 4 8	
MEDICAL	2 4 8		SPECIFIED	2 4 8	
PAYMENTS	3 7	EACH PERSON \$	CAUSES OF LOSS*	3 7	
UNINSURED MOTORIST	2 6 7	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 4 8	
	4	PROPERTY DAMAGE \$			
UNINSURED/ UNDERINSURED MOTORIST	2 6 7	BI EACH ACCIDENT \$			
LUDED/DADDAWED	STATES	PROPERTY DAMAGE \$ COST OF HIRE IF ANY BASIS	STATE	S #DAYS #VEH	COVERAGE/DEDUCTIBLE
HIRED/BORROWED LIABILITY		\$			COMP \$
NON-OWNED	STATES	GROUP TYPE NUMBER OF EMPLOYEES	HIRED PHYSICAL DAMAGE		SPEC C OF L \$ COLL \$
LIABILITY		VOLUNTEERS	_		
COVERED (1) ANY AUTO	PARTNERS (4) OWNED AUTOS OTHER THAN			PRIMARY SECONDARY PECIFIED ON SCHEDULE
AUTO (Z) ALL OWNED AUTOS 3) OWNED PRIVATE PASSENG	(5) ALL OWNED AUTOS WHICH F	REQUIRE NO-FAULT COVER		ITOS
TRUCKERS SEC	,	(-)		. ,	
COVERAGES	COVERED AUTO SYMBOLS 41 46	LIMITS CSL BI EA PER \$	*Include the Fire Distri	PHYSICAL DAMAG ict name and code # if fire or co COVERED AUTO SYMBOLS	GE omprehensive coverage is provided LIMITS DEDUCTIBLE
LIABILITY	42 47 43 50	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMPREHENSIVE*	42 46 47	
	12		SPECIFIED CAUSES OF LOSS*	42 46 SCL 43 47 F	FT LSP
			COLLISION	42 <u>46</u> 43 47	
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	46	
	42 46	CSL BI EA PER \$		TRAILER INTERCHA	NGE omprehensive coverage is provided
UNINSURED MOTORIST	43	BI EACH ACCIDENT \$			# DAYS RADIUS DEDUCTIBLE
Moroko	45	PROPERTY DAMAGE \$	COMPREHENSIVE*	48	
UNINSURED/	42 46	CSL BI EA PER \$	COMPREHENSIVE	49	
UNDERINSURED MOTORIST	43 45	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	SPECIFIEDCAUSES OF LOSS*	48 49	
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE IF ANY BASIS	COLLISION	48 49	
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE IF ANY BASIS	STATE		COVERAGE/DEDUCTIBLE COMP \$
	STATES	GROUP TYPE NUMBER OF	HIRED PHYSICAL		SPEC C OF L \$
NON-OWNED AUTO		EMPLOYEES	DAMAGE		COLL \$
LIABILITY		VOLUNTEERS PARTNERS		OVERACE IO:	DD IMARY OF COMPARY
OTHER		PARTNERS	OTHER C	OVERAGE IS: F	PRIMARY SECONDARY
COVERED AUTO SYME (41) ANY AUTO (42) OWNED AUTOS O (43) OWNED COMMER	(45 NLY) OWNED AUTOS SUBJECT TO A (47) HIF COMPULSORY UNINSURED (48) TR.	ECIFICALLY DESCRIBED AIRED AUTOS ONLY AILERS IN YOUR POSSESS RAILER INTERCHANGE AG	ANOTHE BION UNDER INTERCH	RAILERS IN THE POSSESSION OF IR TRUCKER UNDER A TRAILER HANGE AGREEMENT INED AUTOS ONLY

MOTOR CARRIER SECTION PHYSICAL DAMAGE *Include the Fire District name and code # if fire or comprehensive coverage is provided COVERED AUTO SYMBOLS COVERAGES LIMITS BI EAPER \$ COVERED AUTO SYMBOLS CSL DEDUCTIBLE 67 COVERAGES LIMITS 62 68 BLEACH ACCIDENT \$ 62 67 LIABILITY 63 71 PROPERTY DAMAGE COMPREHENSIVE 63 68 64 64 62 67 SCI LSF SPECIFIED 63 68 F FTW \$ CAUSES OF LOSS 64 62 67 COLLISION 63 68 \$ 64 62 64 63 MEDICAL TOWING EACH PERSON. \$ **PAYMENTS** & LABOR 63 67 TRAILER INTERCHANGE *Include the Fire District name and code # if fire or comprehensive coverage is provided BI EAPER \$ 62 66 CSL UNINSURED SYMBOL #TRAILERS STATE # DAYS RADIUS DEDUCTIBLE 63 67 BI EACH ACCIDENT COVERAGES MOTORIST 64 PROPERTY DAMAGE COMPREHENSIVE BI EAPER \$ 62 66 CSL 70 UNINSURED/ UNDERINSURED 63 67 BI EACH ACCIDENT \$ 69 SPECIFIED MOTORIST CAUSES OF LOSS 64 PROPERTY DAMAGE 70 STATES COST OF HIRE IF ANY BASIS 69 NON-TRUCKERS COLLISION HIRED/BORROWED STATES STATES #DAYS COVERAGE/DEDUCTIBLE COST OF HIRE IF ANY BASIS HIRED/BORROWED LIABILITY COMP SPEC C OF L STATES HIRED GROUP TYPE NUMBER OF PHYSICAL NON-OWNED **EMPLOYEES** DAMAGE COLL \$ AUTO **VOLUNTEERS** LIABILITY **PARTNERS** COVERAGE IS: PRIMARY SECONDARY OTHER OTHER COVERED AUTO SYMBOLS (70) YOUR TRAILERS IN THE POSSESSION OF (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (61) ANY AUTO (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (69) TRAILERS IN YOUR POSSESSION UNDER (66) OWNED AUTOS SUBJECT TO A COMPUL-(62) OWNED AUTOS ONLY INTERCHANGE AGREEMENT (63) OWNED PRIVATE PASS AUTOS ONLY SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY **ENDORSEMENTS** PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 INSTRUCTION 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 UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM OR UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM OR UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM/UIM BI, UMBI, AND/OR UM, PD OR UM/UIMPD COVERAGES ENTIRELY. 1. I SELECT THE UM/UIM BI AND/OR PD LIMIT(S) INDICATED IN THIS APPLICATION. (INITIALS) 2. I REJECT UIM BI COVERAGE. (INITIALS) 4. I REJECT UM/UIM BI AND PD COVERAGE IN ITS ENTIRETY. 3. I REJECT UIM PD COVERAGE. 5. I REJECT ONLY UM/UIM PD COVERAGE IN ITS ENTIRETY. (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS

DATE (MM/DD/YY)

PRODUCER'S

SIGNATURE

APPLICANT'S

SIGNATURE

AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

4	NCORD,	ΒŲ	JSINESS	AUTO) §	SEC	TION								DATE		
PROD	UCER PHONE (A/C, No, Ext)) :				APPLICANT First Named nsured)											
						EFFECTIV	EDATE E	XPIRAT	ION DAT	E	DIRECT BILL AGENCY BILL	PA	YMENT PL	.AN		AUDI	Г
			T		— c	FOR COMPANY USE ONLY											
CODE	CY		SUB CODE:		⊣՝	JOE CIVET											
	OMERID:	i															
COV	'ERAGES/LIMITS		JSE ACORD 137	FOR YOU	D S	TATET		DEC	OVE 5	MGE	S/LIMITS INFO	PMATIO	NI				
DRI	/ER INFORMATIO			163 attach					OVE	VIOL	O, Elivii TO II VI	NVI/ TIO					
			ILY MEMBERS THAT WIL						HO DRIV	E OWN \	VEHICLES ON COMPA	NY BUSINES	S.				
DRIVE	R		de address, if required)	SEX	MAR		OF BIRTH	YRS EXP	YEAR LIC		ERS LICENSE NUMBER AL SECURITY NUMBER		DATE	DOC	USE VEH#	Lú	% SE
		•			01711					0001	L CLOSKIT NOMBLE		TimeL		721111		<u> </u>
GEN	IERAL INFORMA	TION															_
EXPL	AIN ALL "YES" RESPON	SES							ALL "YE						Y	ES	NO
	H THE EXCEPTION OF B NED BY AND REGISTER		BRANCES, ARE ANY VEH THE APPLICANT?	HICLES NOT SO	DLELY	′					SAGREEMENTS?	SIESO IDEI	NTIEV IN F	DEMARKS			
			S USE THEIR AUTOS IN	THE BUSINESS	32						BY FAMILY MEMBERS FOBTAIN MVR VERIFIC		NIIFT INF	KEMAKKS.			
			CE PROGRAM IN OPERA		<i>.</i>						THAVE A SPECIFIC DR		JITING ME	THOD?			
	ANY VEHICLES LEASE										T COVERED BY WORL						
5. ARE	ANY VEHICLES CUSTO	DMIZED	, ALTERED OR HAVE SPI	ECIAL EQUIPM	ENT?		13	. ANY V	EHICLES	OWNE	D BUT NOT SCHEDUL	ED ON THIS	APPLICAT	TION?			
6. ARE	ICC, PUC OR OTHER F	ILINGS	REQUIRED?				14	. ANY D	RIVERS	WITHM	OVING TRAFFIC VIOL	ATIONS?					
			PORTING HAZARDOUS	MATERIAL?			15	. HA S A	GENTIN	SPECTE	ED VEHICLES?						
DESC	RIPTION OF GARAGE/S	TORAG	E LOCATIONS									MAXIMUM	DOLLAR	VALUE SU	BJECT TO	LOS	S
ADD	ITIONAL INTERE	ST/C	ERTIFICATE REC	IPIENT		ACO	RD 45 atta	ched	for ac	dition	nal names						
INTER	EST RANK:		NAME and Address	REFERENC	E#:					CERT	IFICATE REQUIRED		INTERES	IN ITEM N	UMBER		
	ADDITIONAL INSURED											LOCATION	l:	BUIL	DING:		
	LOSS PAYEE											VEHICLE:		BOA	Т:		
	MORTGAGEE											SCHEDUL OTHER	ED ITEM N	IUMBER:			
	LIENHOLDER EMPLOYEE AS LESSON	-										OTTLER					
DEF	IADIC		ITEM DESCRIPTION:														
KEN	IARKS																

VEH	IICL	E DES	SKIF	ZIION	AC	ORD 129 at		dditional vehicl	les						
VEH	I#	YEAR	MAH	Œ:			BODY TYPE:				v	EHICLE TYPE		SYM/AGE	COST NEW
			MOL				V.I.N.:				PP	SPEC	COML		\$
CITY,			IVIOL	JEL.		LIC STATE	TERR	GVW/GCW	CLAS	s	SIC	FACTOR	SEAT C	P RADIUS	<u> </u>
ZIP WI GARA DRIVE	AGED		USE			CHECK	ADD'L NO-	UNDRINS		\perp	DEDUCT	IDI EĈ			SPEC MISC
WORK	K/SCI	HOOL		·	COMM'L	COVERAGES	FAULT	MOTOR	_ F _	LSP	DEDUC.	A	cv	COMP	COFL DR/CR:
	< 15	MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AM	ит \$		TOTAL PREM
	15 M	IILES+		FARM	SERVICE	NO- FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$		COLL \$
VEH	#	YEAR	MAR	/E·		IIAOLI	BODY	001			V	EHICLE TYPE		SYM/AGE	COST NEW
							TYPE:				PP	SPEC	COML		
			MOL	DEL:		LIC	V.I.N.:								\$
CITY, S ZIP WI GARA	HERI	Ε´				STATE	TERR	GVW/GCW	CLAS	S	SIC	FACTOR	SEATC	P RADIUS	FARTHEST TERM
DRIVE	ETO		USE			CHECK	ADD'L NO-	UNDRINS	<u> </u>	1	DEDUCT	IRLES .			SPEC MISC
WORK	K/SCI	HOOL		·	COMM'L	COVERAGES	FAULT	MOTOR TOWING	_ F	LSP		A	cv	COMP	COFL DR/CR:
	< 15	MILES		PLEASURE	RETAIL	LIAB	MED PAY	& LABOR	_ FT _	COMP	AA	ST AM	ИТ \$		TÖTAL PREM
	15 M	IILES+		FARM	SERVICE	NO- FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$		COLL \$
VEH	l#	YEAR	MAH	Œ:			BODY TYPE:				v	EHICLE TYPE		SYM/AGE	COST NEW
											РР	SPEC	COML		_
			MOL	JEL:		LIC	V.I.N.:	0.000	0.10						\$
CITY, S ZIP WI GARA	HERI	Ε´				STATE	TERR	GVW/GCW	CLAS	S	SIC	FACTOR	SEATC	P RADIUS	FARTHEST TERM
DRIVE	E TO		USE		COMPE	CHECK	ADD'L NO-	UNDRINS	F	LSP	DEDUCT	IBLES .	cv	СОМР	SPEC MISC
WORK	K/SCI	HOOL		-	COMM'L	COVERAGES	FAULT	MOTOR TOWING	\dashv	_		^		COMP	C OF L DR/CR: TOTAL PREM
	< 15	MILES		PLEASURE	RETAIL	LIAB	MED PAY	& LABOR	FT	COMP	AA	ST AM	ит \$		TOTALPREM
	15 M	IILES+		FARM	SERVICE	NO- FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$		COLL \$
VEH	l#	YEAR	MAH	(F:			BODY TYPE:				V	EHICLE TYPE		SYM/AGE	COST NEW
											PP	SPEC	COML		
			MOL	JEL:		LIC	V.I.N.:								\$
CITY, S ZIP WI GARA	HERI	Εĺ				STATE	TERR	GVW/GCW	CLAS	8	SIC	FACTOR	SEATC	P RADIUS	FARTHEST TERM
DRIVE	E TO		USE		COMM'L	CHECK	ADD'L NO-	UNDRINS	F	LSP	DEDUCT	IBLES A	cv	СОМР	SPEC MISC
WORK				<u> </u>		COVERAGES	FAULT	MOTOR TOWING	- I					COMP	C OF L DR/CR: TOTAL PREM
	< 15	MILES		PLEASURE	RETAIL	LIAB	MED PAY	& LABOR	_ FT	COMP	AA	ST AM	ит <u>\$</u>		IOIALPREM
	15 M	IILES+		FARM	SERVICE	NO- FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$		COLL \$
VEH	I#	YEAR	MAH	Œ:			BODY TYPE:				V	EHICLE TYPE		SYM/AGE	COST NEW
			MOL	SE1.			V.I.N.:				РР	SPEC	COML		\$
			WICE	JEL.		LIC	TERR	GVW/GCW	CLAS	e	SIC	FACTOR	SEATC	P RADIUS	<u> </u>
CITY, S ZIP WI GARA	HERE	E				STATE	TERR	GVW/GCW	CLAS	3	310	TACTOR	SEATO	r KADIOS	PARTIEST TERM
DRIVE	E TO	4001	USE		COMM'L	CHECK	ADD'L NO-	UNDRINS	F	LSP	DEDUCT	IBLES A	cv	СОМР	SPEC MISC
WORK						COVERAGES	FAULT	MOTOR TOWING	_	_	Ш.,				C OF L DR/CR: TOTAL PREM
	< 15	MILES		PLEASURE	RETAIL	LIAB NO-	MED PAY UNINS	& LABOR SPEC	_ FT	COMP	- AA	ST AM	F -		
	15 M				1					COLL	\$		\$		COLL \$
VEH		IILES+		FARM	SERVICE	FAULT	MOTOR	COFL	FTW				Ψ.		
		IILES + YEAR	MAH		SERVICE	FAULT	BODY TYPE:	COFL	FTW		V	EHICLE TYPE	1	SYM/AGE	COST NEW
				(E:	SERVICE	FAULT	BODY TYPE:	COFL	FTW		V PP	EHICLE TYPE	COML	SYM/AGE	COST NEW
OLTY (I #	YEAR	MAR	(E:	SERVICE	FAULT	BODY TYPE: V.I.N.:	COFL		s	PP	SPEC	COML		COST NEW
CITY, : ZIP WI	I# Stat	YEAR		(E:	SERVICE	FAULT	BODY TYPE:	GVW/GCW	CLAS	s			,		COST NEW
ZIP WI GARA	STAT	YEAR TE, E		(E:	SERVICE	LIC STATE	V.I.N.:	GVW/GCW		s	PP SIC	SPEC FACTOR	COML		COST NEW \$ FARTHEST TERM
ZIP WI GARA DRIVE	STAT	YEAR TE, E		KE: DEL:	SERVICE COMM'L	FAULT	BODY TYPE: V.I.N.: TERR	GVW/GCW UNDRINS		LSP	PP	SPEC FACTOR	COML SEAT C		COST NEW \$ FARTHEST TERM SPEC MISC
ZIP WI GARA DRIVE WORK	STAT HERI AGED E TO K/SCI	YEAR TE, E	MOI	(E: DEL:	COMM'L	LIC STATE CHECK COVERAGES	V.I.N.: TERR ADD'L NO-FAULT	GVW/GCW UNDRINS MOTOR TOWING	CLAS	LSP	SIC DEDUCT	FACTOR IBLES A	COML SEAT C	P RADIUS	COST NEW \$ FARTHEST TERM
ZIP WI GARA DRIVE WORK	STAT HERI AGED E TO K/SCI	YEAR TE, E HOOL	MOI	PLEASURE	COMM'L RETAIL	LIC STATE CHECK COVERAGES LIAB NO-	BODY TYPE: V.I.N.: TERR	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC	CLAS	LSP	SIC DEDUCT	SPEC FACTOR	COML SEAT C	P RADIUS	SPEC DR/CR: TOTAL PREM
ZIP WI GARA DRIVE WORK	STAT HERI AGED E TO K/SCI < 15	YEAR TE, E HOOL MILES	MOI	(E: DEL:	COMM'L	LIC STATE CHECK COVERAGES	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR	GVW/GCW UNDRINS MOTOR TOWING & LABOR	CLAS	LSP	SIC DEDUCT AA	SPEC FACTOR IBLES A	COML SEAT C	P RADIUS	SPEC MISC DR/CR: TOTAL PREM COLL \$
ZIP WI GARA DRIVE WORK	STAT HERI AGED E TO K/SCI < 15	YEAR TE, E HOOL	MOI	PLEASURE FARM	COMM'L RETAIL	LIC STATE CHECK COVERAGES LIAB NO-	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC	CLAS	LSP	SIC DEDUCT AA	SPEC FACTOR IBLES A ST AN	COML SEAT C	P RADIUS	SPEC DR/CR: TOTAL PREM
ZIP WI GARA DRIVE WORK	STAT HERI AGED E TO K/SCI < 15	YEAR TE, E HOOL MILES	USE	PLEASURE FARM	COMM'L RETAIL	LIC STATE CHECK COVERAGES LIAB NO-	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC	CLAS	LSP	SIC DEDUCT AA	SPEC FACTOR IBLES A	COML SEAT C	P RADIUS	SPEC MISC DRICE: TOTAL PREM COLL \$
ZIP WI GARA DRIVE WORK	STAT HERIAGED E TO K/SCI < 15 15 M	YEAR TE, E HOOL MILES MILES + YEAR	USE	PLEASURE FARM	COMM'L RETAIL	CHECK COVERAGES LIAB NO- FAULT	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE:	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC	CLAS	LSP COMP COLL	PP SIC DEDUCT AA \$	SPEC FACTOR IBLES A ST AN	COML SEAT C	P RADIUS	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW \$
VEH	STAT HERIAGED E TO K/SCI < 15 15 M I#	YEAR TE, E HOOL MILES MILES + YEAR	USE	PLEASURE FARM	COMM'L RETAIL	CHECK COVERAGES LIAB NO- FAULT	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.:	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC C OF L	CLAS F FT FTW	LSP COMP COLL	PP SIC DEDUCT AA \$ V PP	SPEC FACTOR IBLES A ST AN EHICLE TYPE SPEC	COML SEAT C CV AT \$ \$ COML	P RADIUS	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW \$
VEH	STATHERINGED K/SCI 15 MI#	YEAR TE, E HOOL MILES MILES + YEAR	MOE MAP	PLEASURE FARM KE:	COMM'L RETAIL SERVICE	CHECK COVERAGES LIAB NO- FAULT	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC C OF L GVW/GCW	F FT FTW	LSP COMP COLL	DEDUCT AAA \$ V PP SIC	SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR	COML SEAT C CV SEAT C	P RADIUS COMP SYM/AGE P RADIUS	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SFARTHEST TERM
VEH	STATHERING AGED TO KISCH 15 M I# STATHERING AGED TO COMPANY AG	YEAR TE, E HOOL MILES YEAR TE, E	USE	PLEASURE FARM KE:	COMM'L RETAIL	CHECK COVERAGES LIAB NO- FAULT	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.:	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC C OF L GVW/GCW UNDRINS MOTOR	CLAS F FT FTW	LSP COMP COLL	PP SIC DEDUCT AA \$ V PP	SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR	COML SEAT C CV SEAT C	P RADIUS	SPEC MISC DR/CR: COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC MISC DR/CR: SPEC MISC DR/CR:
ZIP WI GARA DRIVE WORK VEH CITY, : ZIP WI GARA DRIVE WORK	STATHERINGS STATHE	YEAR TE, E HOOL MILES YEAR TE, E	MOE MAP	PLEASURE FARM KE:	COMM'L RETAIL SERVICE	CHECK COVERAGES LIAB NO-FAULT LIC STATE	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO-	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW	F FT FTW	LSP COMP COLL	DEDUCT AAA \$ V PP SIC	SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR	COML SEAT C COML \$ COML SEAT C	P RADIUS COMP SYM/AGE P RADIUS	SPEC MISC COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC MISC
ZIP WI GARA DRIVE WORK VEH	STATHERIAGED ETO K/SCI <15 M # STATHERIAGED CONTROL STATHERIAGED	YEAR TE, E HOOL MILES YEAR TE, E HOOL	MOE MAP	PLEASURE FARM KE: DEL:	COMM'L RETAIL SERVICE	CHECK COVERAGES LIAB NO- FAULT LIC STATE	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY UNINS UNINS	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC C OF L GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC SPEC SPEC COFL	CLAS F FT FTW CLAS	LSP COMP COLL	DEDUCT DEDUCT DEDUCT	SPEC FACTOR BLES A EHICLE TYPE SPEC FACTOR BLES A	COML SEAT C COML SEAT C	P RADIUS COMP SYM/AGE P RADIUS	SPEC MISC DR/CR: COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC MISC DR/CR: SPEC MISC DR/CR:
ZIP WI GARA DRIVE WORK VEH	STAT HERIAGED ETO K/SCI < 15 15 M I# STAT HERIA HERIA HERIA FTO K/SCI < 15	YEAR TE, E HOOL MILES TE, E HOOL MILES	MAP MOD	PLEASURE FARM KE: DEL: PLEASURE FARM	COMM'L RETAIL COMM'L RETAIL	CHECK COVERAGES LIAB NO- FAULT CHECK COVERAGES LIC STATE	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY UNINS MOTOR BODY UNINS BODY UNINS MOTOR BODY	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING & LABOR	CLAS F FT FTW CLAS	LSP COMP COLL	DEDUCT AA V PP SIC DEDUCT AAA	SPEC FACTOR ST AN BLES ST AN EHICLE TYPE SPEC FACTOR BLES A ST AN	COML SEAT C COML SEAT C COML SEAT C	P RADIUS COMP SYM/AGE P RADIUS	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC MISC COST NEW SPEC COFL DR/CR: TOTAL PREM TOTAL PREM
ZIP WI GARA DRIVE WORK VEH	STAT HERIAGED ETO K/SCI < 15 15 M I# STAT HERIA HERIA HERIA FTO K/SCI < 15	YEAR TE, E HOOL MILES YEAR TE, E HOOL MILES HILES +	MAR MOD	PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E:	COMM'L RETAIL COMM'L RETAIL	CHECK COVERAGES LIAB NO- FAULT LIC STATE	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: VININS MOTOR BODY TYPE:	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC C OF L GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC SPEC SPEC COFL	CLAS F FT FTW CLAS	LSP COMP COLL	PP SIC V PP SIC DEDUCT AAA	SPEC FACTOR ST AN SPEC FACTOR BLES A ST AN SPEC FACTOR BLES A ST AN SPEC S	COML SEAT C COML SEAT C COML SEAT C	P RADIUS SYM/AGE P RADIUS	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC OFL DR/CR: TOTAL PREM COLL \$ COST NEW COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW COLL \$ COST NEW
ZIP WI GARA DRIVE WORK VEH	STAT HERIAGED ETO K/SCI < 15 15 M I# STAT HERIA HERIA HERIA FTO K/SCI < 15	YEAR TE, E HOOL MILES YEAR TE, E HOOL MILES HILES +	MAP MOD	PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E:	COMM'L RETAIL COMM'L RETAIL	CHECK COVERAGES LIAB NO- FAULT CHECK COVERAGES LIAB LIC STATE CHECK COVERAGES LIAB NO- FAULT	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: V.I.N.:	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC C OF L GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC C OF L	CLAS F FT FTW CLAS	LSP COMP COLL SS	PP SIC V PP AAA \$ V PP PP	SPEC FACTOR BLES A ST AN EHICLE TYPE FACTOR BLES A ST AN EHICLE TYPE SPEC	COML SEAT C COML SEAT C COML SEAT C CCV AT \$ \$ COML	P RADIUS SYM/AGE P RADIUS COMP	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC OFL TOTAL PREM COLL \$ COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW
ZIP WIGARA DRIVE WORK CITY, ZIP WIGARA DRIVE VEH	STAT HHERIAGED ETO KYSCI 15 M # STAT HERIAGED C TO STAT 15 M STAT	YEAR TE, HOOL MILES + YEAR HOOL MILES + YEAR TE, HOOL MILES + YEAR	MAR MOD	PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E:	COMM'L RETAIL COMM'L RETAIL	CHECK COVERAGES LIAB NO- FAULT LIC STATE	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: VININS MOTOR BODY TYPE:	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC C OF L GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC SPEC SPEC COFL	CLAS F FT FTW CLAS	LSP COMP COLL SS	PP SIC V PP SIC DEDUCT AAA	SPEC FACTOR ST AN SPEC FACTOR BLES A ST AN SPEC FACTOR BLES A ST AN SPEC S	COML SEAT C COML SEAT C COML SEAT C	P RADIUS SYM/AGE P RADIUS COMP	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC OFL TOTAL PREM COLL \$ COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW
VEH CITY, : ZIP WIG GARA DRIVE WORK	STATHERINGED STATH	YEAR TE, E HOOL MILES + YEAR TE, E HOOL MILES + YEAR TE, E TE, TE, TE, TE, TE, TE, TE, TE,	MAR MOD	PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E:	COMM'L RETAIL COMM'L RETAIL	CHECK COVERAGES LIAB NO-FAULT CHECK COVERAGES LIAB NO-FAULT	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: V.I.N.:	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC C OF L GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC C OF L	CLAS F FT FTW CLAS	LSP COMP COLL SS	PP SIC V PP AAA \$ V PP PP	SPEC FACTOR BLES A ST AN EHICLE TYPE FACTOR BLES A ST AN EHICLE TYPE SPEC	COML SEAT C COML SEAT C COML SEAT C CCV AT \$ \$ COML	P RADIUS SYM/AGE P RADIUS COMP	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC OFL TOTAL PREM COLL \$ COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW
VEH CITY, YEH CITY,	STATHERING	YEAR TE, E HOOL MILES TE, E HOOL MILES HUES+ YEAR TE, E TE, E	MAR MOD	PLEASURE FARM CE: PLEASURE FARM CE: PLEASURE FARM CE: PLEASURE FARM CE: DEL:	COMM'L RETAIL SERVICE COMM'L RETAIL SERVICE	CHECK COVERAGES LIAB NO-FAULT CHECK COVERAGES LIAB NO-FAULT CHECK COVERAGES LIAB NO-FAULT CHECK COVERAGES LIAB NO-FAULT	BODY TYPE: V.I.N.: TERR ADD'L NO-FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO-FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO-FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL	CLAS F FT FTW CLAS CLAS	LSP COMP COLL SS LSP COMP COLL	PP SIC V PP AAA \$ V PP PP	SPEC FACTOR ST AN ST AN SPEC FACTOR BLES A ST AN ST AN ST AN ST AN SPEC FACTOR	COML SEAT C CV SEAT C CV SEAT C CV SEAT C	P RADIUS SYM/AGE P RADIUS SYM/AGE P RADIUS	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC MISC COST NEW SPEC MISC SPEC MISC SPEC MISC SPEC MISC
VEH CITY,, ZIP WORK VEH CITY, ZIP WORK VEH	STATHERINGS 15 MINUS	YEAR TE, HOOL MILES + YEAR HOOL MILES + YEAR TE, E HOOL HILES + HOOL HILES + HOOL HILES + HOOL HILES + HOOL	MODE USE MARK MODE	PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE	COMM'L RETAIL SERVICE COMM'L RETAIL SERVICE	CHECK COVERAGES LIAB NO-FAULT CHECK COVERAGES LIAB NO-FAULT CHECK COVERAGES LIAB NO-FAULT CHECK COVERAGES CHECK COVERAGES CHECK COVERAGES CHECK COVERAGES	BODY TYPE: V.I.N.: TERR ADD'L NO-FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO-FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO-FAULT TERR ADD'L NO-FAULT TERR	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL	CLAS F FT FTW CLAS CLAS	LSP COMP COLL SS LSP COMP COLL	PP SIC DEDUCT	SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR	COML SEAT C CV SEAT C CV SEAT C CV SEAT C	P RADIUS SYM/AGE P RADIUS COMP	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR: SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR:
VEH CITY,, ZIP WORK VEH CITY, ZIP WORK VEH CITY, ZIP WORK VEH CITY, ZIP WORK VEH	STATHERINGS 15 MINUS	YEAR TE, E HOOL MILES TE, E HOOL MILES HUES+ YEAR TE, E TE, E	MODE USE MARK MODE	PLEASURE FARM CE: PLEASURE FARM CE: PLEASURE FARM CE: PLEASURE FARM CE: DEL:	COMM'L RETAIL SERVICE COMM'L RETAIL SERVICE	CHECK COVERAGES LIAB NO- FAULT CHECK COVERAGES LIAB NO- FAULT LIC STATE CHECK COVERAGES LIAB NO- FAULT LIC STATE	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY MED PAY	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW	CLAS F FT FTW CLAS CLAS	LSP COMP COLL SS LSP COMP COLL	PP SIC DEDUCT PP SIC V PP SIC	SPEC FACTOR ST AN ST AN SPEC FACTOR BLES A ST AN ST AN ST AN ST AN SPEC FACTOR	COML SEAT C CV SEAT C CV SEAT C CV SEAT C	P RADIUS SYM/AGE P RADIUS SYM/AGE P RADIUS	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC MISC COST NEW SPEC MISC SPEC MISC SPEC MISC SPEC MISC
VEH CITY, YEH CITY,	STAN HHERI AGED 15 M H STAN HHERI AGED 15 M H HHERI HHERI HHERI HHERI HGED 15 M 16 M 17 M 18 M	YEAR TE, HOOL MILES + YEAR HOOL MILES + YEAR TE, E HOOL HILES + HOOL HILES + HOOL HILES + HOOL HILES + HOOL	MODE USE MARK MODE	PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE	COMM'L RETAIL SERVICE COMM'L RETAIL SERVICE	CHECK COVERAGES LIAB NO- FAULT CHECK COVERAGES LIAB LIC STATE CHECK COVERAGES LIAB NO- FAULT CHECK COVERAGES LIAB LIAB NO- FAULT CHECK COVERAGES LIAB LIAB NO- LIC STATE	BODY TYPE: V.I.N.: TERR ADD'L NO-FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO-FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO-FAULT TERR ADD'L NO-FAULT TERR	GVW/GCW UNDRINS MOTOR TOWING &LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING &LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING &LABOR SPEC COFL	CLAS F FT FTW CLAS CLAS	LSP COMP COLL SS LSP COMP COLL	PP SIC DEDUCT	SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR	COML SEAT C CV SEAT C CV SEAT C CV SEAT C	P RADIUS SYM/AGE P RADIUS SYM/AGE P RADIUS	COST NEW SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR: SPEC MISC DR/CR: TOTAL PREM COLL \$ COST NEW SPEC DR/CR:
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VEH CITY, YEH CITY,	STAN HHERI AGED 15 M H STAN HHERI AGED 15 M H HHERI HHERI HHERI HHERI HGED 15 M 16 M 17 M 18 M	YEAR TE, E HOOL MILES + YEAR TE, E HOOL MILES + YEAR TE, E HOOL MILES + HOOL MILES	MODE USE MARK MODE	PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE	COMM'L RETAIL SERVICE COMM'L RETAIL COMM'L RETAIL	CHECK COVERAGES LIAB NO-FAULT CHECK COVERAGES LIAB NO-FAULT LIC STATE CHECK COVERAGES LIAB NO-FAULT	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.:	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC TOWING ALABOR SPEC SPEC SPEC SPEC SPEC SPEC SPEC SPEC	CLAS F FT FTW CLAS CLAS	LSP COMP COLL SS LSP COMP COLL	PP SIC DEDUCT AAA \$ V PP SIC DEDUCT AAA	SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR	COML SEAT C COML SEAT C COML SEAT C COML SEAT C	P RADIUS SYM/AGE P RADIUS SYM/AGE P RADIUS	COST NEW SPEC DR/CR: TOTAL PREM COLL \$ TOTAL PREM SPEC DR/CR: TOTAL PREM
VEH CITY, YEH CITY,	STAN HHERI AGED 15 M H STAN HHERI AGED 15 M H HHERI HHERI HHERI HHERI HGED 15 M 16 M 17 M 18 M	YEAR TE, E HOOL MILES + YEAR TE, E HOOL MILES + YEAR TE, E HOOL MILES + HOOL MILES	MODE USE MARK MODE	PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE FARM (E: PLEASURE	COMM'L RETAIL SERVICE COMM'L RETAIL COMM'L RETAIL	CHECK COVERAGES LIAB NO-FAULT CHECK COVERAGES LIAB NO-FAULT LIC STATE CHECK COVERAGES LIAB NO-FAULT	BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: TERR ADD'L NO- FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.:	GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC COFL GVW/GCW UNDRINS MOTOR TOWING & LABOR SPEC TOWING ALABOR SPEC SPEC SPEC SPEC SPEC SPEC SPEC SPEC	CLAS F FT FTW CLAS CLAS	LSP COMP COLL SS LSP COMP COLL	PP SIC DEDUCT AAA \$ V PP SIC DEDUCT AAA	SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR BLES A ST AN EHICLE TYPE SPEC FACTOR	COML SEAT C COML SEAT C COML SEAT C COML SEAT C	P RADIUS SYM/AGE P RADIUS SYM/AGE P RADIUS	COST NEW SPEC DR/CR: TOTAL PREM COLL \$ TOTAL PREM SPEC DR/CR: TOTAL PREM
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PRODU			APPLICA First lamed nsured)					<u>-</u>			
		F	OR OMPAN JSE ONL	IY Y							
CODE:	SUB CODE: Y MERID:										
	ER INFORMATION	<u> </u>									-
LIST AL	L DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE CO	OMPANY	VEHICL	ES, AND EMPLOYEES	WHO D	RIVE OV	WN VEHICLES ON COMPANY BUS	SINESS.	DATE	LICE	6/
#	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	Lic	DATE HIRE	USE VEH#	W USE



Property & Inland Marine Division Hired & Non Owned Auto Questionnaire

MUST BE COMPLETED FOR ALL AUTO POLICIES

Na	med Insured:					
1.	Do you own or le	ease vehicles?				YES NO
2.	Do your employ residents?	vees or volunte	ers <u>ever</u> use their p	ersonal vehicles	on behalf of your bus	iness to transport YES NO
3.	Are you providin	ng any in-home	care services to non	-owned residence	es or facilities?	YES NO
4.		al vehicle renta	l expense exceed \$2 cle rental expense?	2,500?		YES NO
5.		er of:emp	art, indicating numbe	volunteers		their personal vehicles
	Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
	Errands			YES 🗌 NO 🗌	YES 🗆 NO 🗆	YES 🗆 NO 🗆
	Other – Please Explain:			YES 🗆 NO 🗆	YES 🗌 NO 🗌	YES NO
6.	the following: a. More than 2 b. Major violat DWI, OWI,	moving violations during the OUI, leaving the	ons and/or accidents past 5 years. They	within a 3-year poinclude, but are ident, fleeing/eluc	eriod not limited to, careless ding a police officer, r	neir MVR indicates any of YES NO s or reckless driving, DUI, manslaughter/homicide or YES NO
Co	mments:					
Co	mpleted by:				Date completed:	

1 of 1 1/23/08 JMM

4	ACOR	$\mathbf{P}_{D_{TM}}$ A	DDITIONA	L INTE	EREST				DATE (MM/DD/YYYY)
_		IONE /C, No, Ext):			APPLICANT (First Nar	med Insured)	PHONE (A/C, No,	Ext).	
	FA	X /C, No):			1		(A/C, NO,	LAU.	
	L(A	/C, NO):			1				
					EFFECTIVE DATE	EXPIRATION DATE	CO/PLAN		
					- EFFECTIVE DATE	LAFIRATION DATE	OON EAN		
COL	DE: ENCY CUSTOM	ED ID	SUB CODE:						
AGI	INCT COSTONI	LK ID			POLICY NUMBER:				
			T	T	ACCOUNT NUMBER:			T	
INII	EREST	RANK:	NAME AND ADDRESS	REFERENCE #	:		CERTIFICATE REQUIRED		T IN ITEM NUMBER
	ADDITIONAL	NSURED						LOCATION:	BUILDING:
	LOSS PAYEE							VEHICLE:	BOAT:
	MORTGAGEE							OTHER	NUMBER:
	LIENHOLDER							OTTLER	
	EMPLOYEE A	S LESSOR							
			ITEM DESCRIPTION:	T				T	
INTI	EREST	RANK:	NAME AND ADDRESS	REFERENCE #	:		CERTIFICATE REQUIRED		T IN ITEM NUMBER
	ADDITIONAL	NSURED						LOCATION:	BUILDING:
	LOSS PAYEE							VEHICLE:	BOAT:
	MORTGAGEE							OTHER	NUMBER:
	LIENHOLDER							OTHER	
	EMPLOYEE A	S LESSOR							
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INTI	EREST	RANK:	NAME AND ADDRESS	REFERENCE #	:		CERTIFICATE REQUIRED		T IN ITEM NUMBER
	ADDITIONAL	NSURED						LOCATION:	BUILDING:
	LOSS PAYEE							VEHICLE:	BOAT:
	MORTGAGEE							SCHEDULED ITEM	NUMBER:
	LIENHOLDER							OTHER	
	EMPLOYEE A	S LESSOR							
		I	ITEM DESCRIPTION:	1				T	
INTI	EREST	RANK:	NAME AND ADDRESS	REFERENCE #	:		CERTIFICATE REQUIRED	INTERES	T IN ITEM NUMBER
	ADDITIONAL	NSURED						LOCATION:	BUILDING:
	LOSS PAYEE							VEHICLE:	BOAT:
	MORTGAGEE							SCHEDULED ITEM	NUMBER:
	LIENHOLDER							OTHER	
	EMPLOYEE A	S LESSOR							
		I	ITEM DESCRIPTION:	1				T	
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	ADDITIONAL I							LOCATION:	BUILDING:
	LOSS PAYEE							VEHICLE:	BOAT:
	MORTGAGEE							SCHEDULED ITEM	NUMBER:
	LIENHOLDER							OTHER	
	EMPLOYEE A	S LESSOR							
		T	ITEM DESCRIPTION:						
INTI	EREST	RANK:	NAME AND ADDRESS	REFERENCE #	:		CERTIFICATE REQUIRED	INTERES	T IN ITEM NUMBER
	ADDITIONAL	NSURED						LOCATION:	BUILDING:
	LOSS PAYEE							VEHICLE:	BOAT:
	MORTGAGEE							SCHEDULED ITEM	NUMBER:
	LIENHOLDER							OTHER	
	EMPLOYEE A	S LESSOR							
		T	ITEM DESCRIPTION:						
INT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #	:		CERTIFICATE REQUIRED	INTERES	T IN ITEM NUMBER
	ADDITIONAL I	NSURED						LOCATION:	BUILDING:
	LOSS PAYEE							VEHICLE:	BOAT:
	MORTGAGEE							SCHEDULED ITEM	NUMBER:
	LIENHOLDER							OTHER	
	EMPLOYEE A	S LESSOR							
			ITEM DESCRIPTION:						