ACORE	) TM	ORE	EGON (	CO	MMERO MITS SECT	CIAL	AUTO								DAT	ΓE (MM	/DD/YYYY)	
AGENCY							LICANT (First Named Insu	red)										
BUSINESS AUTO	o si	ECTION																
COVERAGES COVERED AUTO SYMBOLS				LIMITS				COVERAGES COVERED				AUTO S	AUTO SYMBOLS LIMITS					
LIABILITY		1 2	4 <u>9</u> 7	BIE	CSL BI EA ACH ACCIDENT	PER \$												
		3	8		DPERTY DAMAGE													
PERSONAL INJURY PROTECTION	5 7			\$ EXP DED: NONE \$100  \$250 NAMED NAMED NAMED INS & FAMILY MEMBERS				PHYSICAL DAM					AL DAMAG	AGE				
ADD'L PERSONAL INJURY		5		\$				& LABOR			3 7 2	4	8	\$				
PROTECTION		,	I. I .					COMPREHEN	NSIVE		3	7		L				
MEDICAL PAYMENTS	3 7			EACH PERSON \$				SPECIFIED 2 2 CAUSES OF LOSS 3				7	8					
UNINSURED MOTORIST	2 6 7			BI EACH ACCIDENT \$				COLLISION			2 4 8							
	_	4		PRO	PERTY DAMAGE	\$												
HIRED/BORROWED LIABILITY		YES NO	STATES		ST OF HIRE		IF ANY BASIS		STAT	ES	# DA	YS	# VEH	<u>.</u>	ERAGE/E		TIBLE	
LIABILITY	붐	YES	STATES	\$ GB(	OUP TYPE		NUMBER OF	HIRED		_		러는			COMP SPEC C OF L	\$ \$		
NON-OWNED LIABILITY		NO		GIT	EMPLOYEES		NOWBERO	PHYSICAL DAMAGE				႕느		4	COLL	\$		
				VOLUNTEERS				DAWAGE							0022	Ψ		
					PARTNERS					COVE	RAGE	IS:		PRIMAF	Y [	SE	CONDARY	
		Y AUTO			(		D AUTOS OTHER THAN P	RIVATE PASSE	NGER			(7)	AUTOS SF		D ON SC	HEDU	LE	
		LOWNED / /NED PRIV	AUTOS /ATE PASSENG	ER AL			WNED AUTOS WHICH REC ED AUTOS SUBJECT TO CO	QUIRE NO-FAU		RAGE			HIRED AU NON-OWN		os			
	3) OV	NED PRIV		ER AL				QUIRE NO-FAU		RAGE					ros			
SYMBOLS (	3) OV TIC	NED PRIV		ER AL	JTOS (		ED AUTOS SUBJECT TO CO	QUIRE NO-FAUI DMPULSORY U	J.M. LAW			(9) PHYSICA		IED AU	TOS			
TRUCKERS SEC COVERAGES	3) OV TIC	NED PRIV	TO SYMBOLS 46		CSL BI EA	LIMITS	ED AUTOS SUBJECT TO CO	QUIRE NO-FAU	J.M. LAW	AUT	COVER	PHYSICA ED IBOLS	NON-OWN	IED AU		_	DEDUCTIBLE	
TRUCKERS SEC	3) OV TIC	VERED AU 41 42 43	/ATE PASSENG	BI E PRO	CSL BI EA ACH ACCIDENT DPERTY DAMAGE	LIMITS PER \$ \$	ED AUTOS SUBJECT TO CO	COVERAGE COMPREHEN	J.M. LAW	AUT 4	COVER O SYM	PHYSICA ED IBOLS 46 47	AL DAMAG	E LIMIT	-s		DEDUCTIBLE \$	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION	3) OV TIC	VERED AU 41 42	ATE PASSENG  ITO SYMBOLS  46 47	BIE	CSL BI EA ACH ACCIDENT DPERTY DAMAGE EX	LIMITS PER \$	ED AUTOS SUBJECT TO CO	COVERAGE COMPREHEN	J.M. LAW	AUT 4 4 4	COVER O SYM	PHYSICA ED IBOLS	NON-OWN	SE LIMIT	-s	LSP		
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY	3) OV TIC	VERED AU 41 42 43 44	ATE PASSENG  ITO SYMBOLS  46 47	BI E PRO	CSL BI EA ACH ACCIDENT DPERTY DAMAGE EX	LIMITS PER \$ \$ E \$ EDICAL (P DED: MED)	S NONE \$100	COVERAGE COMPREHEN SPECIFIED	J.M. LAW	4 4 4 4	COVER O SYM	PHYSICA ED IBOLS 46 47 46	AL DAMAG	SE LIMIT	rs FT	LSP	\$	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY	3) OV TIC	VERED AU 41 42 43 44 46 44	ATE PASSENG  ITO SYMBOLS  46 47	BIE PRO \$	CSL BI EA ACH ACCIDENT DPERTY DAMAGE ME EX \$250 NA SH PERSON	LIMIT: PER \$ \$ EDICAL (P DED: MED UNRED SURED \$	S NONE \$100	COVERAGE COMPREHEN SPECIFIED CAUSES OF I	J.M. LAW	4 4 4 4 4	20VER O SYM 12 13 12 13	PHYSIC/ ED IBOLS 46 47 46 47 46	AL DAMAG	SE LIMIT	rs FT	LSP	\$	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS	3) OV TIC	VERED AU  41  42  43  44  46  44  46  42  43  42	### ### ### ### ### ### ### ### ### ##	BIE PRO	CSL BI EA ACH ACCIDENT PERTY DAMAGE KX NAI NS	LIMIT: PER \$  EDICAL (PDED: MED SURED \$  PER \$	S NONE \$100	COVERAGE COMPREHEN SPECIFIED CAUSES OF I COLLISION TOWING & LABOR	GES NSIVE LOSS	4 4 4 4 4 4 4	12 13 142 143 145 145 145 145 145 145 145 145 145 145	(9) I  PHYSICA  ED  IBOLS  46  47  46  47  46  47	SCL F	NGE	FT TW	LSP	\$ \$	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL	3) OV TIC	VERED AU  41  42  43  44  46  44  46  42  43	### ##################################	BIE PRC	CSL BI EA ACH ACCIDENT DPERTY DAMAGE ME EX \$250 NA SH PERSON	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED URED)  \$ PER \$	S NONE \$100	COVERAGE COVERAGE COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING & LABOR	GES NSIVE LOSS	4 4 4 4 4 4 4 4 5 5 5 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	12 13 142 143 145 145 145 145 145 145 145 145 145 145	(9) I  PHYSICA  ED  IBOLS  46  47  46  47  46  47	SCL F	NGE	FT TW	LSP	\$	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED	3) OV TIC	VERED AU 41	### ##################################	BIE PRC	CSL BI EA ACH ACCIDENT DERTY DAMAGE MEX \$250 NAINS	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED URED)  \$ PER \$	S NONE \$100	COVERAGE COMPREHEN SPECIFIED CAUSES OF I COLLISION TOWING & LABOR	GES NSIVE LOSS	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	COVER 0 SYN 12 13 13 12 13 13 14 16 16 17 17 18 18 18 18 19 19	(9) I  PHYSICA  ED  IBOLS  46  47  46  47  46  47	SCL F	NGE	FT TW	LSP	\$ \$	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED	3) OV TIC	VERED AU 41	### ##################################	BIE PRC	CSL BI EA ACH ACCIDENT DERTY DAMAGE MEX \$250 NAINS	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED URED)  \$ PER \$	S NONE \$100	COVERAGE COMPREHEN  SPECIFIED CAUSES OF I  COLLISION  TOWING & LABOR  COVERAGE COMPREHEN  SPECIFIED SPECIFIED SPECIFIED SPECIFIED SPECIFIED SPECIFIED	GES NSIVE LOSS GES NSIVE	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	COVER 12   13   13   12   13   13   14   15   16   16   16   16   16   16   16	(9) I  PHYSICA  ED  IBOLS  46  47  46  47  46  47	SCL F	NGE	FT TW	LSP	\$ \$	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED MOTORIST	3) OV TIC	VERED AU  41  42  43  44  46  44  46  42  43  42  43  45  YES	### ##################################	BIE PRO	CSL BI EA ACH ACCIDENT DERTY DAMAGE MEX \$250 NAINS	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED URED)  \$ PER \$	S NONE \$100	COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING & LABOR  COVERAGE COMPREHEN COVERAGE COMPREHEN	GES NSIVE LOSS GES NSIVE	AUT	COVER 0 SYM 12 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14	(9) I  PHYSICA  ED  IBOLS  46  47  46  47  46  47	SCL F	NGE	FT TW	LSP	\$ \$	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED MOTORIST  NON-TRUCKERS HIRED/BORROWED  HIRED/BORROWED	3) OV TIC	VES NO YES	### ##################################	BIE PRO	CSL BI EA ACH ACCIDENT DPERTY DAMAGE \$250 NAI SCH PERSON  CSL BI EA ACH ACCIDENT DPERTY DAMAGE	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED URED)  \$ PER \$	NONE \$100 NAMED INS & FAMILY MEMBERS	COVERAGE COMPREHEN  SPECIFIED CAUSES OF I  COVERAGE COMPREHEN  TOWING & LABOR  COVERAGE COMPREHEN  SPECIFIED CAUSES OF I	GES NSIVE LOSS GES NSIVE	SYME  4  4  4  4  4  4  4  4  4  4  4  4  4	COVER O SYM 122 133 142 133 146 TI 16 16 16 16 16 16 16 16 16 16 16 16 16	(9)   PHYSICA ED BOLS	SCL F	NGE	FT TW	LSP	\$ \$ DEDUCTIBLE	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED MOTORIST  NON-TRUCKERS HIRED/BORROWED	3) OV TIC	VERED AU  41  42  43  44  46  44  46  42  43  45  YES  NO  YES  NO	ATE PASSENG  TO SYMBOLS  46  47  50  46  46  47  STATES	BIE PRO	CSL BIA EA ACH ACCIDENT DERTY DAMAGE WEE EX \$250 NA \$250 INS CH PERSON  CSL BIA EA ACH ACCIDENT DERTY DAMAGE ST OF HIRE  ST OF HIRE	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED URED)  \$ PER \$	NONE \$100 NAMED INS & FAMILY MEMBERS  IF ANY BASIS	COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING & LABOR COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION COVERAGE COMPREHEN SPECIFIED CAUSES OF	GES NSIVE LOSS GES LOSS LOSS LOSS	SYME  4  4  4  4  4  4  4  4  4  4  4  4  4	COVER 0 SYM 12 13 13 142 13 13 146 TI 16 16 18 18 19 18 18 19 18 18 19 19 18 18 19 19	(9)   PHYSICA ED BOLS	SCL F  STATE  ST	NGE	FT TW	LSP	\$ \$ DEDUCTIBLE	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED MOTORIST  NON-TRUCKERS HIRED/BORROWED  LIABILITY	CO CO	VES NO YES NO YES	### PASSENG ####################################	BIE PRO	CSL BIA EA ACH ACCIDENT DERTY DAMAGE EX \$250 NA \$250 SH PERSON  CSL BIA EA ACH ACCIDENT DERTY DAMAGE EX ACH ACCIDENT DERTY DAMAGE  ST OF HIRE  DUP TYPE	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED URED)  \$ PER \$	NONE \$100 NAMED INS & FAMILY MEMBERS	COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING & LABOR COMPREHEN SPECIFIED CAUSES OF COMPREHEN SPECIFIED CAUSES OF COMPREHEN SPECIFIED CAUSES OF	GES NSIVE LOSS GES LOSS LOSS LOSS	SYME  4  4  4  4  4  4  4  4  4  4  4  4  4	COVER 0 SYM 12 13 13 142 13 13 146 TI 16 16 18 18 19 18 18 19 18 18 19 19 18 18 19 19	(9)   PHYSICA ED BOLS	SCL F  STATE  ST	NGE	FT TW	LSP	\$ \$ DEDUCTIBLE	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED MOTORIST  NON-TRUCKERS HIRED/BORROWED  HIRED/BORROWED  LIABILITY  NON-OWNED  AUTO	3) OV TIC	VERED AU  41  42  43  44  46  44  46  42  43  45  YES  NO  YES  NO	ATE PASSENG  TO SYMBOLS  46  47  50  46  46  47  STATES	BIE PRO	CSL BIA EA ACH ACCIDENT DERTY DAMAGE WEE EX \$250 NA \$250 INS CH PERSON  CSL BIA EA ACH ACCIDENT DERTY DAMAGE ST OF HIRE  ST OF HIRE	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED URED)  \$ PER \$	NONE \$100 NAMED INS & FAMILY MEMBERS  IF ANY BASIS	COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING & LABOR COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING COMPREHEN SPECIFIED CAUSES OF COMPREHEN SPECIFIED CAUSES OF	GES NSIVE LOSS GES LOSS LOSS LOSS	SYME  4  4  4  4  4  4  4  4  4  4  4  4  4	COVER 0 SYM 12 13 13 142 13 13 146 TI 16 16 18 18 19 18 18 19 18 18 19 19 18 18 19 19	(9)   PHYSICA ED BOLS	SCL F  STATE  ST	NGE	FT TW	LSP	\$ \$ DEDUCTIBLE	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED MOTORIST  NON-TRUCKERS HIRED/BORROWED LIABILITY  NON-OWNED	CO CO	VES NO YES NO YES	ATE PASSENG  TO SYMBOLS  46  47  50  46  46  47  STATES	BIE PRO	CSL BI EA ACH ACCIDENT PERSON  CSL BI EX NAI SECOND	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED URED   \$ PER \$	NONE \$100 NAMED INS & FAMILY MEMBERS  IF ANY BASIS	COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING & LABOR COMPREHEN SPECIFIED CAUSES OF COMPREHEN SPECIFIED CAUSES OF COMPREHEN SPECIFIED CAUSES OF	GES NSIVE LOSS STAT	SYME  SYME  4  4  4  4  4  4  4  4  4  4  4  4  4	COVER 0 SYM 12 13 13 142 13 13 146 TI 16 16 18 18 19 18 18 19 18 18 19 19 18 18 19 19	(9)   PHYSICA ED   BOLS   46   47   46   47   46   47   47    RAILER II **TRAILE*	SCL F STATE # VEH	NGE	TS RAI	LSP	\$ \$ DEDUCTIBLE	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED MOTORIST  NON-TRUCKERS HIRED/BORROWED  HIRED/BORROWED  LIABILITY  NON-OWNED AUTO	CO CO	VES NO YES NO YES	ATE PASSENG  TO SYMBOLS  46  47  50  46  46  47  STATES	BIE PRO	CSL BI EA ACH ACCIDENT PERTY DAMAGE STOF HIRE  ET OF HIRE  DUP TYPE  EMPLOYEES  VOLUNTEERS  (CSL BI EA	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED URED   \$ PER \$	NONE \$100 NAMED INS & FAMILY MEMBERS  IF ANY BASIS	COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING & LABOR COMPREHEN SPECIFIED CAUSES OF COMPREHEN SPECIFIED CAUSES OF COMPREHEN SPECIFIED CAUSES OF	GES NSIVE LOSS STAT	SYME  SYME  4  4  4  4  4  4  4  4  4  4  4  4  4	COVER O SYN 122 133 142 133 146 146 146 146 146 146 146 146 146 146	(9)   PHYSICA ED   BOLS   46   47   46   47   46   47   47    RAILER II **TRAILE*	SCL F STATE # VEH	RE LIMIT	TS RAI	LSP	\$  DEDUCTIBLE  \$  \$	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED MOTORIST  NON-TRUCKERS HIRED/BORROWED LIABILITY  NON-OWNED AUTO LIABILITY	CO CO	VES NO YES NO YES	ATE PASSENG  TO SYMBOLS  46 47 50  46 46  46  STATES  STATES  STATES	BIE PROS	CSL BIA EA ACH ACCIDENT PERTY DAMAGE SEX \$250 NA \$250	LIMIT: PER \$ \$ EDICAL   POPER   SURED   SURED	NONE \$100 NAMED INS & FAMILY MEMBERS  IF ANY BASIS  IF ANY BASIS  NUMBER OF	COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING & LABOR COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION HIRED PHYSICAL DAMAGE	GES NSIVE LOSS STAT	SYME 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	COVER O SYM  12	PHYSIC JED BOLS 46 47 46 47 46 47 47 FRAILER III \$\frac{1}{2}\$ TRAILER	SCL F  STERCHARS STATE  # VEH	NGE # DA	rs RAI	DIUS	\$  DEDUCTIBLE  \$  CONDARY	
TRUCKERS SEC  COVERAGES  LIABILITY  PERSONAL INJURY PROTECTION  ADD'L PERSONAL INJURY PROTECTION  MEDICAL PAYMENTS  UNINSURED MOTORIST  NON-TRUCKERS HIRED/BORROWED LIABILITY  NON-OWNED AUTO LIABILITY  OTHER	CO C	VERED AU  41  42  43  44  46  44  46  42  43  45  YES  NO  YES  NO  YES  NO	### PASSENG ####################################	BIE PROSS	CSL BI EA ACH ACCIDENT PERTY DAMAGE STOF HIRE  ET OF HIRE  DUP TYPE  EMPLOYEES  VOLUNTEERS  (CSL BI EA	LIMIT: PER \$ \$ E \$ EDICAL (P DED: MED \$ WRED  STEEL \$  ECT TO N ECT TO N ECT TO N	NONE \$100 NAMED INS & FAMILY MEMBERS  IF ANY BASIS  IF ANY BASIS  NUMBER OF  NO-FAULT (46) SPECA (47) HIRE (48) TRAIL (48) TRAIL	COVERAGE COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING & LABOR COMPREHEN SPECIFIED CAUSES OF COLLISION TOWING ALABOR COMPREHEN SPECIFIED CAUSES OF COLLISION HIRED PHYSICAL DAMAGE	GES NSIVE LOSS STAT CRIBED A	SYME  4  4  4  4  4  4  4  4  4  4  4  4  4	COVER O SYN  12	(9) I  PHYSIC J  ED IBOLS  46 47 46 47 46 47  48 47  **TRAILE  YS  IS:  (49)	SCL F STATE WEH	NGE  LIMIN  PRIMAF  AAILERS ATRICA	SIN THE SKER UNAGREEM	DIUS SE	\$  DEDUCTIBLE  \$  \$	

## MOTOR CARRIER SECTION COVERED AUTO SYMBOLS COVERAGES LIMITS PHYSICAL DAMAGE BI EAPER \$ COVERAGES LIMITS **DEDUCTIBLE** AUTO SYMBOLS 62 68 BI EACH ACCIDENT 62 67 LIABILITY 63 71 PROPERTY DAMAGE COMPREHENSIVE 63 68 64 64 MEDICAL EXP DED: NONE 62 FT LSF 65 \$100 67 SCL PERSONAL INJURY **SPECIFIED** NAMED INS & FAMILY MEMBERS NAMED INSURED 67 \$250 63 68 \$ **PROTECTION** CAUSES OF LOSS 64 65 62 67 \$ ADD'L PERSONAL INJURY COLLISION 63 68 67 \$ **PROTECTION** 64 62 64 63 MEDICAL **TOWING EACH PERSON** \$ **PAYMENTS** & LABOR 63 67 67 BI EA PER 62 66 CSL \$ TRAILER INTERCHANGE LININGLIBED 63 67 BI EACH ACCIDENT **COVERAGES** SYMBOL #TRAILERS STATE #DAYS **RADIUS DEDUCTIBLE** MOTORIST 64 PROPERTY DAMAGE 69 COMPREHENSIVE 70 69 SPECIFIED CAUSES OF LOSS 70 YES STATES **COST OF HIRE** IF ANY BASIS 69 NON-TRUCKERS COLLISION HIRED/BORROWED NO 70 **STATES** # DAYS # VEH **STATES** YES COST OF HIRE IF ANY BASIS HIRED/BORROWED LIABILITY NO YES STATES HIRED **GROUP TYPE** NUMBER OF PHYSICAL NO NON-OWNED **EMPLOYEES** DAMAGE LIABILITY VOLUNTEERS SECONDARY PARTNERS COVERAGE IS: PRIMARY OTHER OTHER **COVERED AUTO SYMBOLS** (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER (61) ANY AUTO (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIBED ALITOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER (62) OWNED AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL-INTERCHANGE AGREEMENT SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY (63) OWNED PRIVATE PASS 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. 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 U.S. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW. I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY (UMBI) AND UNINSURED MOTORISTS PROPERTY DAMAGE (UMPD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE THE RIGHT TO PURCHASE UMBI LIMITS EQUAL TO MY BODILY INJURY (BI) LIABILITY LIMITS OR LIMITS NOT LOWER THAN THE MINIMUM BI LIMITS REQUIRED BY LAW. A BRIEF DESCRIPTION OF UMBI COVERAGE, THE LIMITS I HAVE SELECTED AND THE COST ARE FOUND IN THE ATTACHED SUPPLEMENT. 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. DATE PRODUCER'S APPLICANT'S SIGNATURE