

ACORD BUSINESS AUTO SECTION

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C,No,Ext):	APPLICANT (First Named Insured)				
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
				AGENCY BILL		
CODE:	SUB CODE:	FOR COMPANY USE ONLY				
AGENCY CUSTOMER ID:						

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 \$					
PERSONAL INJURY PROTECTION	5	OR EQUIVALENT NO-FAULT COVERAGE \$	PHYSICAL DAMAGE				
	7						
ADDITIONAL P.I.P	5	TOTAL W/C \$	TOWING & LABOR	3	\$		
	7	\$ M/E \$		7			
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	COMPREHENSIVE	2 4 8			
	3 7			3 7			
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	2 4 8			
	3 7	BI EACH ACCIDENT \$		3 7			
	4	PROPERTY DAMAGE \$					
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8			
	3 7	BI EACH ACCIDENT \$		3 7			
	4	PROPERTY DAMAGE \$					
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	STATES	GROUP TYPE NUMBER OF					COMP \$
		EMPLOYEES					SPEC C OF L \$
		VOLUNTEERS					COLL \$
		PARTNERS					
			COVERAGE IS:		PRIMARY	SECONDARY	

ENDORSEMENTS, FORMS, CONDITIONS

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

DRIVER INFORMATION (Include drivers who frequently use own vehicles)

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	SYM/AGE	COST NEW						
		MODEL:	V.I.N.:		\$						
CITY, STATE, ZIP WHERE GARAGED		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
15 MILES OR OVER	PLEASURE	RETAIL	LIAB	MED PAY	FT	COMP	AA	ST AMT	\$		
OVER 15 MILES	FARM	SERVICE	PIP	UNINS MOTOR	FTW	COLL	\$		\$		COLL

VEHICLE DESCRIPTION (continued)

VEH #	YEAR	MAKE:	BODY TYPE:		SYM/AGE	COST NEW					
		MODEL:	V.I.N.:			\$					
CITY, STATE, ZIP WHERE GARAGED			TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/> UNDER 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT		\$	
<input type="checkbox"/> OVER 15 MILES	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$	COLL

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ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE: BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

EXPLAIN ALL "YES" RESPONSES	YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			8. ANY HOLD HARMLESS AGREEMENTS?		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, PUC OR ANY OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?		
					MAXIMUM DOLLAR VALUE SUBJECT TO LOSS

REMARKS

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)

DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:

SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS,
 SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR
 REJECTING COVERAGE ENTIRELY.

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.

1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP _____ (APPLICANT'S SIGNATURE)
 2. I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)
 3. I REJECT UIM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)
 4. I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)
 5. I REJECT UIM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)