

# ACORD™ COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.																																		
	FAX (A/C, No.):																																						
CODE: SUB CODE:		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER																																		
		<table border="1"> <tr> <td><input type="checkbox"/></td> <td>PROPERTY</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> </tr> <tr> <td><input type="checkbox"/></td> <td>GLASS AND SIGN</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/></td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> <td><input type="checkbox"/></td> <td>BOILER &amp; MACHINERY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/></td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/></td> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input type="checkbox"/></td> <td>BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>UMBRELLA</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>TRUCKERS/MOTOR CARRIER</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	VEHICLE SCHEDULE	<input type="checkbox"/>	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	BOILER & MACHINERY	<input type="checkbox"/>	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	WORKERS COMPENSATION	<input type="checkbox"/>	TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	UMBRELLA	<input type="checkbox"/>		<input type="checkbox"/>	TRUCKERS/MOTOR CARRIER	<input type="checkbox"/>		
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AGENCY CUSTOMER ID:																																							

STATUS OF TRANSACTION			PACKAGE POLICY INFORMATION							
<input type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):					PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
<input type="checkbox"/>	CHANGE	DATE	TIME	<input type="checkbox"/>	AM			DIRECT BILL		
<input type="checkbox"/>	CANCEL			<input type="checkbox"/>	PM			AGENCY BILL		

APPLICANT INFORMATION										
NAME (First Named Insured & Other Named Insureds)			FEIN OR SOC SEC # (of First Named Insured):			MAILING ADDRESS INCL ZIP+4 (of First Named Insured)				
E-MAIL ADDRESS(ES):			PHONE (A/C, No, Ext):			WEBSITE ADDRESS(ES):				
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LIMITED LIAB CORP	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS					
INSPECTION CONTACT			PHONE (A/C, No, Ext):			ACCOUNTING RECORDS CONTACT			PHONE (A/C, No, Ext):	

PREMISES INFORMATION										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4				CITY LIMITS		INTEREST	YR BUILT	PART OCCUPIED
						<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
						<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
						<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
						<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
						<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
						<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION													
EXPLAIN ALL "YES" RESPONSES					YES	NO	EXPLAIN ALL "YES" RESPONSES					YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?							7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?						
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?							8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).						
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?							9. ANY UNCORRECTED FIRE CODE VIOLATIONS?						
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?							10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?						
4. ANY CATASTROPHE EXPOSURE?							11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:						
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?													
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)													

REMARKS/PROCESSING INSTRUCTIONS			
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)</p>			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>AUTOMOBILE</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)											CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM				DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS			
									OPEN			
									CLOSED			
									OPEN			
									CLOSED			
<b>REMARKS</b> NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY											<b>ATTACHMENTS</b>	
											STATE SUPPLEMENT(S) (If applicable)	

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 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 POLICY 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 US.

# ACORD<sup>TM</sup> BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

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

**COVERAGES/LIMITS**

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

**DRIVER INFORMATION**      ACORD 163 attached for additional drivers

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)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
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 OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?		
15. HAS AGENT INSPECTED VEHICLES?					
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			MAXIMUM DOLLAR VALUE SUBJECT TO LOSS		

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**      ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
					VEHICLE:
ADDITIONAL INSURED					SCHEDULED ITEM NUMBER:
LOSS PAYEE					OTHER
LIENHOLDER					
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

**REMARKS**

**ACORD** **TEXAS COMMERCIAL AUTO**  
**COVERAGES/LIMITS SECTION**

TX

DATE (MM/DD/YYYY)  
4/16/2008

AGENCY  
**Ramsgate Managing Insurance**

APPLICANT (First Named Insured)

**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 \$			
PERSONAL INJURY PROTECTION	5	EACH PERSON \$	<b>PHYSICAL DAMAGE</b>		
	7	AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$			
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	TOWING & LABOR	3 7	\$
	3 7		COMPREHENSIVE	2 4 8 3 7	
UNINSURED/ UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
	3 7	BI EACH ACCIDENT \$	COLLISION	2 4 8 3 7	
	4	PROPERTY DAMAGE \$ DED			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			
		EMPLOYEES VOLUNTEERS PARTNERS			
COVERED AUTO SYMBOLS			COVERAGE IS:		
(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS			PRIMARY SECONDARY		
(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		

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46		
	42 47	BI EACH ACCIDENT \$		43 47		\$
	43 50	PROPERTY DAMAGE \$				
PERSONAL INJURY PROTECTION	44	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$
	46	AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$		43 47	F FTW	
MEDICAL PAYMENTS	42 46	EACH PERSON \$	COLLISION	42 46		\$
	43 46			43 47		
UNINSURED/ UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	<b>TRAILER INTERCHANGE</b>			
	43 46	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS STATE # DAYS RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$ DED	COMPREHENSIVE	48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 49		
				48 49		
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49		\$
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF				
		EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
OTHER			COVERAGE IS: PRIMARY SECONDARY			
OTHER			OTHER			
COVERED AUTO SYMBOLS			(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW			
(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY			(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT			
			(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY			

**VEHICLE DESCRIPTION**

ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

  

VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

  

VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

  

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CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
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CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

  

VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

  

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CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	