

AGENCY CUSTOMER ID:

AUTO

Г

ACORD	DATE (MM/DD/YYYY)						
AGENCY				NAMED I	NSURED(S)		
POLICY NUMBER				-			
FOLICI NOMBER							
CARRIER	NAIC CODE						
				EFFECTI	VE DATE:		
BUSINESS AUT	O SECTION						
COVERAGES	COVERED AUTO SYMBOLS	LIM	179		COVERAGES	COVERED AUTO SYMBOLS	LIMITS

...

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERA	GES COVERED A	UTO SYMBOLS	LIMITS					
LIABILITY	1 4 9 2 7	CSL BI EA PER \$									
	3 8	PROPERTY DAMAGE \$									
	5	LAWSUIT THRESHOLD MEDICAL	NLY								
	7	NO THRESHOLD		PHYSICAL DAMAGE							
PERSONAL		HEALTH INSURANCE OPTION YES	NO TOWING	3		¢					
PROTECTION		MEDICAL EXPENSE \$	& LABOR	7		\$					
		DED \$	OTHER THAN	N 2	4 8						
		EXT MED EXP EA PER \$	COLLISION	3	7						
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:	CSL BI EA PER \$	SPECIFIED	2	4 8						
UNINSURED /	2 6										
UNDERINSURED MOTORIST	3 7	BI EACH ACCIDENT \$	COLLISION	2	4 8						
MOTORIST	4	PROPERTY DAMAGE \$		3	7						
HIRED / BORROWED	YES STATES	COST OF HIRE IF ANY BASIS		STATES # DAYS	# VEH	COVERAGE / DEDUCTIBLE					
LIABILITY	NO	\$				отс \$					
	YES STATES	GROUP TYPE NUMBER	OF HIRED PHYSICAL			SPEC C OF L \$					
NON-OWNED	NO	EMPLOYEES	DAMAGE			COLL \$					
LIABILITY		VOLUNTEERS									
		PARTNERS		COVERAGE IS:	F	PRIMARY SECONDARY					
AUTO	1) ANY AUTO 2) ALL OWNED AUTOS 3) OWNED PRIVATE PASSENG	(4) OWNED AUTOS OTHE (5) ALL OWNED AUTOS W ER AUTOS (6) OWNED AUTOS SUBJE	HICH REQUIRE NO-FAU	JLT COVERAGE	(7) AUTOS SP (8) HIRED AU (9) NON-OWN						
ENDORSEMENT	S / REMARKS (Attach	ACORD 101, Additional Remarks	Schedule, if more	e space is require	ed)						

SIGNATURE

COLLECTED FROM PERSONS OTHER THAN YOU, IN CON AS WELL AS OTHER PERSONAL AND PRIVILEGED INFOR PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE T	INECTION WITH THIS MATION COLLECTED HE RIGHT TO REVIEV OF YOUR RIGHTS AN	ATION ABOUT YOU, INCLUDING INFORMATION FROM A APPLICATION FOR INSURANCE AND SUBSEQUENT RENE BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCE V YOUR PERSONAL INFORMATION IN OUR FILES AND CAN ND OUR PRACTICES REGARDING SUCH INFORMATION IS A T A REQUEST TO US.	WALS. SUCH INFORMATION ES BE DISCLOSED TO THIRD REQUEST CORRECTION OF							
ANY PERSON WHO INCLUDES ANY FALSE OR MISLEAD PENALTIES.	ING INFORMATION O	N AN APPLICATION FOR AN INSURANCE POLICY IS SUBJE	ECT TO CRIMINAL AND CIVIL							
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT 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							
ACORD 137 NJ (2008/08)	Pa	age 1 of 3 © 1996-2008 ACORD CORPORAT	ION. All rights reserved.							

AGENCY CUSTOMER ID:

TRU	ICKE	RS	SE	СТ	10	1

TRUCKERS SEC	TION																	
COVERAGES	COVERED AUTO	SYMBOLS		LIMITS	5			PHYSICAL DAMAGE										
	41 4	6	CSL	BI EA PER \$		COVERAGES	s		OVERI D SYM	ED BOLS		DEDUCTIBLE						
LIABILITY	42 4		BI EACH ACCIE				42											
						OTHER THAN				47								
	43 5	0	PROPERTY DA			COLLISION	\vdash	43	5 L					\$				
	44			THRESHOLD	MEDICAL ONLY			46	3									
	46		NO THRE	SHOLD				42	2	47	SCL	FT	LSP					
PERSONAL INJURY			HEALTH INSUF	RANCE OPTION	YES NO	SPECIFIED CAUSES OF LO	oss	43	3		F	FTV	v	\$				
PROTECTION			MEDICAL EXPE	ENSE \$				46	3									
			DED	\$				42		47								
						COLLISION				- 4/				¢				
EXTRA PIP OPTIONS	NUMBER OF REI		EXT MED EXP	EA PER \$				43		_				\$				
EATRA FIF OF HONS	NOWBER OF REI	LATIVES.		DI				46	6									
UNINSURED /	42	46		BI EA PER \$		TOWING		46	6		\$							
UNDERINSURED	43	J	BI EACH ACCIE	DENT \$		& LABOR					Ψ							
MOTORIST	45		PROPERTY DA	MAGE \$					TR	AILER IN	TERCHA	NGE						
						COVERAGES	s	SYMBO	OL #	TRAILER		# DAYS	RADIUS	DEDUCTIBLE				
							-	48			ZONE							
	YES	STATES				OTHER THAN COLLISION												
NON-TRUCKERS		OTATEO	COST OF HIRE		IF ANY BASIS			49										
HIRED / BORROWED	NO		\$			SPECIFIED		48	3									
TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS	CAUSES OF LO	DSS	49	Э									
LIABILITY	NO		\$					48	3									
	YES	STATES	GROUP TYPE		NUMBER OF	COLLISION		49	9					\$				
NON-OWNED	NO		EMPLOYE	FS			STATE	ES	# DA	YS #	VEH		1					
AUTO																		
LIABILITY																		
071150			PARTNER	RS		HIRED PHYSICAL												
OTHER						DAMAGE												
						-	(COVER	RAGE	IS:	6	PRIMARY	s	ECONDARY				
						OTHER												
(41) ANY AUTO	BOLS		OWNED AUTOS			IFICALLY DESCR D AUTOS ONLY	RIBED A	AUTOS	5					SESSION OF A TRAILER				
(42) OWNED AUTOS O			COMPULSORY	UNINSURED	(48) TRAII	ERS IN YOUR PO						IANGE AG						
(43) OWNED COMMER	CIAL AUTOS ONL	Y	MOTORIST LAV	V	A TR	AILER INTERCHA	NGE A	GREEN	MENT	(50)	NON-OW	NED AUTO	OS ONLY					
ENDORSEMENT	S/REMARK	S (Attach	ACORD 10	1, Additiona	al Remarks Sched	ule, if more s	space	e is r	equi	red)								
SIGNATURE																		
NOTICE OF INSU	IRANCE INFOR	MATION F	PRACTICES -	PERSONAL	INFORMATION ABOL	JT YOU. INCL		G INF	ORM	ATION	FROM	A CREDI	T REPO	RT. MAY BE				
					ITH THIS APPLICATIO													
					LECTED BY US OR C													
) REVIEW YOUR PER GHTS AND OUR PRA													
					SUBMIT A REQUES		RDIN	G 300			HON 15	AVAILA	BLE UPU	N REQUEST.				
		-																
	O INCLUDES A	NY FALSE	OR MISLEAD	ING INFORM	ATION ON AN APPLIC	CATION FOR A	N INS	SURAN	NCE F	POLICY	IS SUB	ЈЕСТ ТО	CRIMINA	AL AND CIVIL				
PENALTIES.																		
I UNDERSTAND T	HAT THE COVE	ERAGE SE	LECTION AND		CES INDICATED HER	E OR IN ANY	STAT	E SUF	PPLE	MENT V	VILL AP	PLY TO		JRE POLICY				
					OTHERWISE IN WRITI													
APPLICANT'S SIGNAT	URE			DATE	PRODUCER'S	SIGNATURE						NATIO	NAL PROD	UCER NUMBER				

AGENCY CUSTOMER ID:

MOTOR CARRIER SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE																								
COVERAGES	CO	VERED	AUTO									COVERED							AMAGE					
	61 67 CSL BI EA PER \$							COVERAG	AUTO SYMBOLS					LIMITS		DEDUCTIBLE								
LIABILITY		62 68 BI EACH ACCIDENT \$										OTHER THAN			62 67									
		63		71	PROPERTY DAMAGE \$									COLLISON		63	68				\$			
		64															64							
		65			LAWSUIT THRESHOLD MEDICAL ON						ONLY					62		67	SCI	FT	LSP			
		67				NO THR	ESHOL	D						SPECIFIED CAUSES OF	LOSS		63		68	F	FTV	V	\$	
PERSONAL					HEA	ALTH INSI	JRANCI		NC		YES		NO				64							
PROTECTION					ME	DICAL EX	PENSE		\$								62		67					
					DED)			\$					COLLISION			63		68				\$	
					EXT	MED EX	P EA PE	R	\$								64							
EXTRA PIP OPTIONS	NUM	UBER C	OF RE	LATIVES:										TOWING			63			\$				
UNINSURED /		62		66		CSL	BI EA	PER	\$					& LABOR			67			Ψ				
UNDERINSURED MOTORIST		63		67	BIE	ACH ACC	IDENT		\$									TRAIL	ER IN	TERCHA	NGE			
		64			PRC	OPERTY [DAMAG	=	\$					COVERA	GES	SY	MBOL	# TR	AILER	S STATE	STATE # DAYS RADIUS DEDUCTIBLE			
														OTHER THA	N		69							
														COLLISON			70							
														SPECIFIED			69							
														CAUSES OF LOSS			70							
NON-TRUCKERS		YES		STATES	cos	ST OF HIF	RE		IF	ANY B	ASIS			COLLISION			69						\$	
HIRED / BORROWED		NO			\$									OOLEIGION			70						Ψ	
TRUCKERS HIRED / BORROWED		YES		STATES	COS	ST OF HIF	RE		IF	ANY B	ASIS				STA	TES	# D	AYS	#	VEH				
LIABILITY		NO			\$																			
		YES		STATES	GRO	DUP TYPI	=			NU	JMBEI	R OF		HIRED PHYSICAL										
NON-OWNED AUTO		NO				EMPLO	YEES		+					DAMAGE										
LIABILITY						VOLUN	TEERS		+											_				
071150						PARTNE	RS							071150		CO	VERAG	E IS:			PRIMARY	5	SECONDARY	
OTHER														OTHER										
(61) ANY AUTO	BOLS					NED COM					т			IFICALLY DES DAUTOS ONL		D AUT	ros						SESSION OF A TRAILER	
(62) OWNED AUTOS O				(66)) OWN	NED AUTO	OS SUB	JECT TO	ΟΑΟ	COMPU		(69) T	RAIL	ERS IN YOUR	R POSSE				1	NTERCH	IANGE AG	REEMENT		
(63) OWNED PRIVATE														ILER INTERC					()		NED AUT	JS UNL I		
ENDORSEMENT	5/1		AKN	S (Attacr		URD	01, A	aaitio	onai	Rem	arks	s Scr	iea	ule, it mor	e spa	cei	s req	uire	a)					
SIGNATURE																								
NOTICE OF INSU																								
COLLECTED FROM						,																		
PARTIES WITHOU	т үс	OUR A	UTHO	ORIZATION	. YO	U HAVE	THE F	RIGHT	ТО	REVIE	W YO	OUR F	PER	SONAL INFO	ORMAT	ION	IN OU	R FIL	ES A	ND CA	N REQU	EST COR	RECTION OF	
ANY INACCURACI															GARDI	NG S	SUCH	INFO	RMA	TION IS	S AVAILA	BLE UPC	N REQUEST.	
			DICO		NOT			11000	10	SODIVI		INE QU	201	10 00.										
ANY PERSON WH PENALTIES.																								
RENEWALS, CONT															1 3 I A		JUPPL				10		UNE FULIUT	
APPLICANT'S SIGNAT	JRE						DAT	E			PR	ODUC	ER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER	
					-			-			2000					_								