DATE	(MM/DD/YYYY)
DAIL	(171171/00/17171)

ACORD °	COVERAGES / LIMITS SECTION														E (MM	/טט/۲۲۲	r)									
													INSURED(S)													
POLICY NUMBER										EFFE	EFFECTIVE DATE CARRIER											N	AIC COD	E		
BUGINESS AUT	USINESS AUTO SECTION																									
COVERAGES				JTO S	YME	ROLS				LIMITS			COVERAGES COVERED AUTO SYMBOLS LIMITS													
OOVERAGEO		1		4		9	С	SL	BI	ER \$				OOTEN	1020	00		D AG		11112	020				<u>'</u>	
LIABILITY		2		7				H ACCIE	_	\$																
		3		8			PROPE	ERTY DA	MAGE	\$																
PERSONAL		5									DEDL	JCTIBI	LE													
INJURY PROTECTION		7					\$			\$								PHY	SICA	L DA	MAG	E				
		-												TOWING & LABOR			3					\$				
ADDL PERSONAL INJURY	5					WORK	LOSS	\$					& LABOR			7										
PROTECTION	7 WORK EGGS													COMP / OTC			2		4 7		8					
		2		4		8											2		4		8					
MEDICAL PAYMENTS	CAL FACH PERSON													SPECIFIED CAUSES OF	LOSS		3		7							
		2		6			С	SL	BI FA PI	ER \$							2		4		8					
UNINSURED MOTORIST		3		7			BI EAC	H ACCIE	DENT S					COLLISION		3		7								
MOTORIST				PROPE DAMA(ERTY SE \$			\$		DED																
		2		6			c	SL	_ BI _ EA PE	ER \$																
UNDERINSURED MOTORIST		3		7					DENT S	\$																
		4	<u> </u>				PROPERTY \$						DED		OTAT		" 5/			,, , , , , , , , , , , , , , , , , , ,		00//55	NAOF (1	DEDITION OF THE PROPERTY OF TH	OTIDI E	
HIRED / BORROWED LIABILITY		YES NO	•	51	ATE	:5		OF HIRE		II	F ANY BAS	SIS			STATI	E0	# D/	415	•	# VEH	1		RAGE / [JIIDLE	
		YES		ST	ATE	S	\$ CROUI	P TYPE			NILIMI	BER C)E	HIRED									OMP PEC OF L	\$ \$		
		NO				-	E	Γ	NOIVII	DEN C)F	PHYSICAL DAMAGE									OF L	\$ \$				
NON-OWNED LIABILITY		J					V					DAWAGE									JLL	Ψ				
PARTNERS															COVE	RAGE	E IS:			P	PRIMARY S			CONDAR	RY	
																RAGE					S SP	ECIFIED FOS	ON SC	HEDU	LE	
SYMBOLS	3) OV	VNED	PRI\	VATE	PAS		GER AUT		(6)	OWNED	AUTOS SI	UBJEC	CT TO C	OMPULSORY	U.M. LAW				(9) I	NON-	OWN	ED AUTO	os			
ENDORSEMENT	SI	KEN	/IAK	KKS	(A	COF	KD 101	, Addı	tional	Rema	arks Scr	nedu	ile, ma	ay be attac	ched if	more	e sp	ace	IS I	equ	iirec	1)				
SIGNATURE																										
NOTICE OF INSU CONNECTION WI																										
INFORMATION CO	LLE	CTE	D BY	Y US	OR	OUF	R AGEN	ITS MA	Y IN CE	ERTAIN	I CIRCUM	1STA1	NCES E	BE DISCLOS	SED TO	THIRE	PA	RTIE	S W	/ITH	TUC	YOUR	AUTHO	ORIZ/	ATION. Y	YOU
HAVE THE RIGHT DESCRIPTION OF																										
INSTRUCTIONS O	N H	T WC	O SI	UBM	IT A	REC	QUEST	ΓΟ US.																		
IT IS A CRIME DEFRAUDING TH																				СОМ	PAN	Y FOR	THE	PUR	POSE	OF
IF I AM REQUEST USED THE VEHIC																										
OF IRS FORM 10	040,	SCH	ΙEDΙ	ULE	C	OR S	SCHED	JLE C-	EZ, DE	TAILIN	IG NET F	PROF	FIT OR	LOSS DEF	RIVED F	ROM	I THI	E LE	GIT	IMA	TE (COMME	RCIAL	_ ÚSI	E OF T	HE
VEHICLE(S). IF I I THE SOUTH CAR												INES:	S, OR I	IF I HAVE A	NEW CO	OMME	ERCI	AL E	ENTI	ERPI	RISE	, I HAV	E REA	D AN	ID SIGN	IED
I UNDERSTAND T												\ATE	D HEB	E OR INI ANI	IV STATE	= Q1 IF) DDI E	:N/=N	JT V	//// 1	ΔΡΡ	LVTO	ΔII EI	ITLIE	E DOL I	CV
RENEWALS, CON															II SIAIE	_ 301	, ,,	.ivi⊑i`	41 V	v ILL	AΓΓ	_1 10	NLL FU	אטוכ	L r ULI	υ Ι
THE INSURER CA																RST 9	0 DA	YS.	TH	AT IS	THE	E INSUF	RER'S	СНОІ	CE. AF	TER
APPLICANT'S SIGNAT	URE								DATE			PROD	UCER'S	SIGNATURE								NATIO	ONAL P	RODU	CER NUN	IBER
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ACENICY	CUSTOMER	יחו פ
AGENCI	CUSTOMER	K ID:

TRUCKERS SEC	TRUCKERS SECTION AGEN													ENCY CUSTOMER ID:													
COVERAGES	со	VERE	D AU	JTO	SY	MBOL	s	_			- 51		MITS							201/	PH		L DAMA	GE			
		41		46	3 ['	CSL		BI EA F	PER	\$				COVERA	GES	A	UTO S				L	DEDUCTIBLE		
LIABILITY		42 47 50						CH AC				\$				COMP / OTC			42		47						
		43		50			P	ROF	PERTY	DAI	MAGE		\$	DEI	DUCTIE	DI E	COMPTOTO	,		43]					\$
PERSONAL INJURY PROTECTION		46		J			\$	š					\$		DOCTE	DLE				46		47	so	:L	FT	LSF	,
		44															SPECIFIED CAUSES OF		43			F		FTV		\$	
ADDITIONAL P.I.P. 46									K LOS	S	\$									46							
							IV	MED	<u> </u>		\$						1			42		47					
MEDICAL PAYMENTS		42		46	3		E	EACH	I PERS	SON			\$				COLLISION			43		J					\$
FATIVIENTS		43		46			_	\top	CSL		BI.	PER	•						-	46 46							
UNINSURED		42		46)		В	_	CSL				Ф				TOWING & LABOR			40			\$				
MOTORIST		45		_					PERTY			•		\$		DED					TRAII	LER IN	TERCH	ANG	E		
		42		46	 3				CSL		BI EA F	PER	\$				COVERA	GES	SY	MBOL	# TR	RAILER	S FART	Ή Ε #	DAYS	RADIUS	DEDUCTIBLE
UNDERINSURED MOTORIST		43							CH AC		ENT	\$					COMP / OTC			48							
		45							PERTY AGE		\$ DED					_	49										
NON-TRUCKERS HIRED / BORROWED		YES NO			SIA	ATES	C \$		Γ OF H	IIRE		L	IF	ANY BA	ASIS		SPECIFIED CAUSES OF	LOSS		48							
TRUCKERS		YES		5	STA ⁻	TES			Γ OF H	IIRE			IF	ANY B	ASIS					48							
HIRED / BORROWED LIABILITY	HIRED / BORROWED NO						\$	\$								COLLISION			49							\$	
		YES	3	S	3TA	TES	G	€ROI	UP TYI	PE				NU	JMBER	OF	TRAILER VA	LUE	\$								
NON-OWNED AUTO		NO					\vdash		EMPLO								-	STA	ATES	# [DAYS	#	VEH				
LIABILITY							\vdash		VOLU				-				HIRED										
OTHER							+		PARTI	NER	<u> </u>						PHYSICAL										
																	DAMAGE										
							-										-		CO	VERAG	SE IS:			PRI	MARY		SECONDARY
																	OTHER										
COVERED AUTO SYMPOLIS																											
										(47) HIR	PECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT																
(42) OWNED AUTOS ((43) OWNED COMME			ros (ONL	_Y				IPULS(ORIST			SURE	ED				ILERS IN YOU RAILER INTER					(50				REEMEN OS ONLY	
ENDORSEMENT	s/	REN	ΙAR	RK:	S (ACC	ORD	10	1, A	ddi	iona	ıl Re	ema	rks S	ched	ule, ma	ay be attac	ched i	f mo	ore s	расе	is r	equir	ed)			
					_			_																			
NOTICE OF INSU	IRΔN	ICE	INF	OR	ΜΔ.	TION	PR	<u>Δ</u> CΤ	ICES		PERS	SONA	Δ1 ΙΙ	NEORM	1ΔΤΙΩΙ	N ABOI	IT YOU MA	ΔΥ RE	CO	LLEC	TED	FRON	/ PER	102	NS OT	HER TH	AN YOU IN
CONNECTION WIT	гн т	HIS	APP	LIC	CATI	ION F	FOR	INS	IARU	NCE	AND) SU	BSE	QUENT	ΓREN	EWALS	. SUCH INF	FORMA	1OIT	N AS N	NELL	AS (OTHER	PE	RSON	AL AND	PRIVILEGED
INFORMATION CO	ТО	RE'	VIEV	V Y	OU/	JR PE	ERSC	ONA	L INF	FOR	MATI	ON	IN C	UR FI	LES A	ND CA	N REQUES	T COR	REC	TION	OF A	ANY I	NACC	JRA	CIES.	A MOF	RE DETAILED
DESCRIPTION OF INSTRUCTIONS O											EGAF	RDIN	IG SI	JCH IN	IFORM	IATION	IS AVAILABI	LE UPO	ON R	EQUE	ST.	CON	TACT \	/OU	R AGE	NT OR I	BROKER FOR
IT IS A CRIME				_							COME	PLE1	TE C	OR MIS	SLEAD	ING IN	IFORMATIO	N TO	AN	INSU	RAN	CE C	OMPA	NY	FOR	THE PL	JRPOSE OF
DEFRAUDING THI																											
IF I AM REQUEST																											
OF IRS FORM 10	040,	SCH	HED	ULE	E C	OR	SCF	HED	ULE	C-E	Z, D	ETA	ILIN	G NET	PRO	FIT OF	R LOSS DE	RIVED	FRC	IT MC	HE L	EGIT	IMATE	CC	OMMER	CIAL Ú	SE OF THE
VEHICLE(S). IF I H															ISINES	SS, OR	IF I HAVE A	NEW (СОМ	IMER(CIAL	ENTE	RPRIS	SE, I	HAVE	READ A	AND SIGNED
I UNDERSTAND T											_				NCATE	D HER	E OR IN AN	IV STA	TE S	II IPPI	EME	NT W	/ΙΙΙ ΔΕ	PI V	/ TO A	II FUTI	IRE POLICY
RENEWALS, CON																		517	. L S	F L	IVIL			_	o A		
THE INSURER CA																				Г 90 D	AYS.	THA	T IS T	HE I	NSURI	R'S CH	OICE. AFTER
, , , , , , , , , , , , , , , , , , ,																	NATIONAL PRODUCER NUMBER										

ACENCY	CUSTOMER II	η.

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																							
COVERAGES	со	VERE	D AU	JTO SYMBOLS					IMITS	3		PHYSICAL DAMAGE COVERED											
		61		67		CSL		BI EA PER	\$			COVERA	GES	Α	COVE UTO SY	RED MBOL	s		LIMIT	'S		DEDUCTIBLE	
LIABILITY		62		68	BIE	ACH AC	CIDEI	NT	\$						62		67						
LIABILITY		63		71	PRO	OPERTY	DAMA	AGE	\$			COMP / OTC	;		63		68					\$	
		64													64								
PERSONAL		65								DEDU	JCTIBLE				62		67	SCL		FT	LSP		
INJURY PROTECTION		67			\$:	\$		SPECIFIED CAUSES OF	LOSS		63		68	F		FTW		\$	
TROTEOTION															64								
ADDL PERSONAL		65			WO										62		67						
INJURY PROTECTION		67										COLLISION			63		68					\$	
					MED EXP \$									64									
MEDICAL		62		64	FAC	CH PERS	ON		\$			TOWING			63			ŧ					
PAYMENTS		63		67				DI				& LABOR			67								
LININGLIDED		62		66		CSL		BI EA PER	\$		Į.							ERCHA					
UNINSURED MOTORIST		63		67		ACH AC		NT \$				COVERA	GES	SY	MBOL	# TR	AILERS	FARTH	# DA`	rs RA	DIUS	DEDUCTIBLE	
		64			DAN	OPERTY MAGE		DI		\$	DED	COMP / OTC	;		69								
UNDERINSURED		62		66	CSL BI EA PER \$									_	70					_			
MOTORIST		63		67		ACH AC		NT \$				SPECIFIED			69								
		64	Ļ	CTATEC	1	OPERTY MAGE				\$	DED	CAUSES OF	LUSS	_	70					_			
NON-TRUCKERS HIRED / BORROWED		YES NO		STATES		ST OF HII	RE	L		IF ANY BAS	SIS	COLLISION			69							\$	
TRUCKERS		YES		STATES	\$				Т.			TRAILER VA	LUE	\$	70								
HIRED / BORROWED		NO		STATES		ST OF HII	₹E	L		IF ANY BAS	SIS	TRAILER VA		TES	# 0	AYS	# \	√EH					
LIABILITY		YES		STATES		GROUP TYPE					DED OF			0	"		,						
NON-OWNED		NO		OTTILO	GRO	1		_	ſ	NUM	BER OF	HIRED											
AUTO] 110				VOLUN			ŀ			PHYSICAL											
LIABILITY						PARTN		(5				DAMAGE											
OTHER						PARIN	EKS							CO1	VERAG	E 10·			PRIMAR	· V		ECONDARY	
												OTHER			VLINAG	L 10.		Т,	IXIIVIAIN	1		LCONDART	
COVERED AUTO SYMBOLS (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION O														SSESSION OF									
(61) ANY AUTO (62) OWNED AUTOS (ONI Y	,								NO-FAULT A COMPUL		ED AUTOS ON ILERS IN YOU		ESSI	ON LIN	DER				CKER L		R A TRAILER	
(63) OWNED PRIVATE			JTOS			RY UNIN						RAILER INTER								UTOS C		•	
ENDORSEMENT	S/	REN	//AR	RKS (ACOF	RD 1	01, Ad	diti	onal R	Rema	arks Sch	nedule, ma	ay be attac	ched i	f mo	ore sp	ace	is re	quire	d)				
SIGNATURE	IDAN	105	INIT	ODMATION				FDCOA	141	INICODAMA	TION ADOL	IT VOLL M	AV DE		LLEGI		FDOM	DEDC	2010	OTUE!	. TII	ANI VOLL IN	
NOTICE OF INSU																							
INFORMATION CO																							
HAVE THE RIGHT DESCRIPTION OF																							
INSTRUCTIONS O																							
IT IS A CRIME																		OMPAN	IY FO	R THE	PU	RPOSE OF	
DEFRAUDING THI	E CC)MP/	ANY.	. PENALTIES	S MA	Y INCLU	JDE	IMPRIS	SON	MENT, FIN	NES OR A D	ENIAL OF I	NSURA	NCE	BEN	FITS	5.						
IF I AM REQUEST																							
USED THE VEHIC																							
VEHICLE(S). IF I H	HAVE	NO.	T PF	REVIOUSLY I	USE	SUCH	VEH	ÍCLE(S) IN	I MY BUSI													
THE SOUTH CAR	OLIN	IA CC	OMN	MERCIAL AU I	IO St	JPPLEN	/IEN	I, ACO	RD 6	52 SC.													
I UNDERSTAND T													Y STA	TE S	UPPL	EME	NT WI	LL APF	LY TO) ALL F	UTU	RE POLICY	
RENEWALS, CON																							
THE INSURER CA															90 D	AYS.	THAT	IS TH	E INSU	JRER'S	CHC	DICE. AFTER	
APPLICANT'S SIGNATI								DATE			PRODUCER'S		J=101	-					NAT	IONAL	PROD	UCER NUMBER	
SAIT S SIGNAT	J. \ L						'					5.0.1A UNL							''^'			- J NOMBER	