



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				
UNDER 15 MILES		PLEASURE		RETAIL	LIAB		MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT	\$						
15 MILES OR OVER		FARM		SERVICE	PIP		UNINS MOTOR	FTW	COLL	\$			\$		COLL				

  

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ADDITIONAL INTEREST/CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION			
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, PLEASE 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?
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			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:	<input type="checkbox"/> SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, <input type="checkbox"/> SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR <input type="checkbox"/> 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)