

ACORD BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

/ /

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

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
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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 CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			15. HAS AGENT INSPECTED VEHICLES?		
				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
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
OWNER					
REGISTRANT					
ITEM DESCRIPTION:					

REMARKS

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	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	TOWING & LABOR SPEC C OF L	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR: .								TOTAL PREM \$.				

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	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	TOWING & LABOR SPEC C OF L	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR: .								TOTAL PREM \$.				

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		MODEL:	V.I.N.:	PP	SPEC	COML	\$					
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15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR: .								TOTAL PREM \$.				

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15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR: .								TOTAL PREM \$.				

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< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR	TOWING & LABOR SPEC C OF L	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL		\$		\$	COLL
NET VEH DR/CR: .								TOTAL PREM \$.				



ALABAMA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)
06/16/2010

AGENCY	APPLICANT (First Named Insured)
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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 \$												
PHYSICAL DAMAGE																	
			TOWING & LABOR	3	\$												
				7													
			COMP / OTC	2	4												
				3	7												
				8													
MEDICAL PAYMENTS	2	4	8	EACH PERSON	\$												
	3	7															
UNINSURED MOTORIST	2	6		CSL	BI EA PER \$												
	3	7			BI EACH ACCIDENT \$												
	4																
HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS													
	NO		\$														
NON-OWNED LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE												
	NO		EMPLOYEES														
			VOLUNTEERS														
			PARTNERS														
			COVERAGE IS:		PRIMARY												
					SECONDARY												
<table style="width:100%; font-size: small;"> <tr> <td>COVERED AUTO SYMBOLS</td> <td>(1) ANY AUTO</td> <td>(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER</td> <td>(7) AUTOS SPECIFIED ON SCHEDULE</td> </tr> <tr> <td></td> <td>(2) ALL OWNED AUTOS</td> <td>(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE</td> <td>(8) HIRED AUTOS</td> </tr> <tr> <td></td> <td>(3) OWNED PRIVATE PASSENGER AUTOS</td> <td>(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW</td> <td>(9) NON-OWNED AUTOS</td> </tr> </table>						COVERED AUTO SYMBOLS	(1) ANY AUTO	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER	(7) AUTOS SPECIFIED ON SCHEDULE		(2) ALL OWNED AUTOS	(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE	(8) HIRED AUTOS		(3) OWNED PRIVATE PASSENGER AUTOS	(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(9) NON-OWNED AUTOS
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	(3) OWNED PRIVATE PASSENGER AUTOS	(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(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 \$														
	42	47				\$												
	43	50				\$												
			SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP \$												
				43	47	F FTW \$												
			COLLISION	42	46	\$												
				43	47	\$												
MEDICAL PAYMENTS	42	46	EACH PERSON			\$												
	43																	
UNINSURED MOTORIST	42	46	CSL	BI EA PER \$	TRAILER INTERCHANGE													
	43			BI EACH ACCIDENT \$														
	45																	
			COMP / OTC	48														
				49														
			SPECIFIED CAUSES OF LOSS	48														
				49														
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS														
	NO		\$															
HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS	STATES	# DAYS												
	NO		\$		# VEH													
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE													
	NO		EMPLOYEES															
			VOLUNTEERS															
			PARTNERS															
			COVERAGE IS:		PRIMARY	SECONDARY												
OTHER			OTHER															
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		(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT																

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS				LIMITS		PHYSICAL DAMAGE										
		61		67	CSL	BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE				
LIABILITY		61		67		BI EA PER \$	COMP / OTC		62		67				\$		
		62		68		BI EACH ACCIDENT \$			63		68						
		63		71		PROPERTY DAMAGE \$			64								
		64															
							SPECIFIED CAUSES OF LOSS		62		67	SCL		FT		LSP	\$
									63		68	F		FTW			
									64								
							COLLISION		62		67				\$		
									63		68						
									64								
MEDICAL PAYMENTS		62		64		EACH PERSON \$	TOWING & LABOR		63						\$		
		63		67					67								
UNINSURED MOTORIST		62		66	CSL	BI EA PER \$	TRAILER INTERCHANGE										
		63		67		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE				
		64					COMP / OTC	69									
								70									
NON-TRUCKERS HIRED/BORROWED		YES	STATES			COST OF HIRE IF ANY BASIS \$	COLLISION		69						\$		
		NO							70								
HIRED/BORROWED LIABILITY		YES	STATES			COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH							
		NO															
NON-OWNED AUTO LIABILITY		YES	STATES			GROUP TYPE		NUMBER OF									
		NO				EMPLOYEES											
						VOLUNTEERS											
						PARTNERS											
OTHER							OTHER										

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 WITHOUT YOUR AUTHORIZATION. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY (BI) COVERAGE HAS BEEN OFFERED TO ME.

1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. (Signature Required)

Named Insured Signature

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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
	/ /		