## AGENCY CUSTOMER ID: \_

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ACORD	i:	PENNSYLV	'ANIA CC ERAGES / LI			AUT	)				DATE (	MM/DD/YYYY)
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AGENCY				MANUE	MOUNTED(U)							
POLICY NUMBER			EFFECTIVE DATE	CARRIE	₹							NAIC CODE
BUSINESS AUT	O SECTION											
COVERAGES	COVERED AUTO SYMBOLS		IMITS		COVERAGES	co	VERED A	LIN	IITS			
	1 4 5	CSL B)										
LIABILITY	2 7	BI EACH ACCIDENT	\$			-			-	-		
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FIRST PARTY BENEFITS	7	WK LOSS \$	ACC DTH \$				Р	HYSICA	AL DAI	MAGE		
TORT OPTION	5 7	LTD	FULL		TOWING		3					
COMBINATION	5	TOT BEN \$ FU- NERA	L \$ ACC	5	& LABOR		7	-		-	p	
FIRST PARTY BEN	7	LMI	L DIN		COMP / OTC		2	4	-	8		
EXTRAORD MED BEN	5 7	\$				-	2	7	$\vdash$	8		
MEDICAL PAYMENTS	3 7 8	EACH PERSON	\$		SPECIFIED CAUSES OF LOSS	3	3	7		°		
UNINSURED MOT	2 6	CSL BI EA PER	₹ \$		COLLISION		2	4	_	В		
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NON-STKD	4	or External vision in the control of	•									
HIRED / BORROWED	YES STATES	COST OF HIRE	IF ANY BASIS		S	TATES	# DAYS	3	# VEH	(	COVERAGE / DE	DUCTIBLE
EIROIEIT	YES STATES	\$ GROUP TYPE	NUMBE	HIRED					-	COMP \$ SPEC C OF L \$		
NON-OWNED	NO	EMPLOYEES	11341141	1,00	PHYSICAL DAMAGE						COLL \$	
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CONNECTION WITH INFORMATION COL YOU HAVE THE RIG DESCRIPTION OF Y	MATION ABOUT YOU, INC I THIS APPLICATION FO LECTED BY US OR OUR SHT TO REVIEW YOUR P YOUR RIGHTS AND OUR S ON HOW TO SUBMIT A	R INSURANCE AND SU AGENTS MAY IN CER' ERSONAL INFORMATI PRACTICES REGARDI	BSEQUENT REN TAIN CIRCUMST ON IN OUR FILES	IEWALS. ANCES B S AND CA	SUCH INFORMA E DISCLOSED T IN REQUEST CO	ATION A O THIRE DRRECT	S WELI D PART ION OF	AS C IES W ANY	OTHE VITHO INAC	R PEF OUT YOU CURA	RSONAL AND OUR AUTHOR ACIES, A MOR	PRIVILEGED IZATION. RE DETAILED
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APPLICANT'S SIGNATU	RE	DATE	PRO	DDUCER'S	SIGNATURE						NATIONAL PRO	DUCER NUMBER
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ACORD 137 PA (2009/07) INS137PA (200907) 01

Page 1 of 3 © 1996-2009 ACORD CORPORATION. All rights reserved.

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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

FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

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ENDORSEMENT	S/	REI	MAI	RKS (Attac	h ACOR	D '	101, Addi	tior	nal Remarks Sche	dule, if mo	ore sp	ace	is re	quir	ed)						

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 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 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 INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

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

AGE	NCY	CUST	TOMER	: ID:

AC	ORD*	BUSI	NE	ESS A	JT(	o s	ECTION				DATE (	MM/DD/YY	(YY)
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POLICY	NUMBER			EFFECTIVE DAT	re nat	MED INS	SURED(S) sample						
COVE	RAGES / LIMITS												
	USE ACORD 137	FOR YOU	IR S	TATE TO P	ROVII	DE CO	OVERAGES / LIMITS II	NFOR	MATION				
		1 000 274		for additiona									
LIST ALI	DRIVERS, INCLUDING FAMILY MEMBERS THAT WI	LL DRIVE CO	MPAN		YRS	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE	BROADER	DOC	USE VEH#	% USE
#	NAME (Include address, If required)	SEXISTA	0	ATE OF BIRTH	EXP	uc	SOCIAL SECURITY NUMBER	LIG	HIRE	NOTAUL		ven v	UGE
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										1			
	RAL INFORMATION ALL "YES" RESPONSES		_										YIN
	TH THE EXCEPTION OF ANY ENCUMBRANCE	ES, ARE AN	Y VE	HICLES NOT S	OLELY	OWNE	D BY AND REGISTERED TO	THE AF	PPLICANT?				
VE	H # NAME OF OTHER OWNER				VEH#	NAME	OF OTHER OWNER						
2. DO	OVER 50% OF THE EMPLOYEES USE THEIR	R AUTOS IN	THE	BUSINESS?									
						_							
3. IS	THERE A VEHICLE MAINTENANCE PROGRAM	M IN OPERA	TION	?									
4. ARI	E ANY VEHICLES LEASED TO OTHERS?												
5. ARI	E ANY VEHICLES CUSTOMIZED, ALTERED O	R HAVE SP	ECIA	L EQUIPMENT	?								
VE	H# DESCRIPTION			COST \$	VEH#	DESCI	RIPTION			\$	OST		
6. ARI	EICC, PUC OR OTHER FILINGS REQUIRED?	(If "YES", a	ttach	ACORD 194)									
7. DO	OPERATIONS INVOLVE TRANSPORTING HA	ZARDOUS	MATE	ERIAL?					-				-
													1

GENERAL INFORMATION (C	ontinued)		- iv
EXPLAIN ALL "YES" RESPONSES			Y
8 ANY HOLD HARMLESS AGREE	EMENTS?		
9. ANY VEHICLES USED BY FAM	ILY MEMBERS? IF SO, IDENTIFY		
10. DOES THE APPLICANT OBTAIL	MAND VEDICATIONS?		
10. DOES THE AFFLICANT OBTAIN	A MANY A FILLI ION LIGHOL		
11. DOES THE APPLICANT HAVE	A SPECIFIC DRIVER RECRUITING METHOD?		
12 ARE ANY DRIVERS NOT COVE	RED BY WORKERS COMPENSATION?		
13 ANY VEHICLES OWNED BLIT N	OT SCHEDULED ON THIS APPLICATION?		***
13. ANT VEHICLES OWNED BOTT	OF CONEDCED ON THIS MET ELEMINON		
	ONS FOR MOVING TRAFFIC VIOLATIONS?	DE NOT DECIMOED TO DE DESCRITED TO	Neupene.
APPLICABLE ONLY IN KANSAS: U	NDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS A x (6) mph that occurs in an area with a maximum posted speed li	mil from 30 mph through 54 mph, or	Naukeka:
2. A speeding violetion of up to te	n (10) mph that occurs in an area with a maximum posted speed	limit from 55 mph through 70 mph.	
DRV # DATE (MM/DD/YYYY) TYP	E	PLACE (CITY, STATE)	#YRS REV
:50			
15. HAS AGENT INSPECTED VEHI	CLES?		II. OR
TO TINO NO ENTINO	02201		
16. ARE ALL VEHICLES TO BE INC	LUDED IN THIS POLICY PART OF A FLEET?		
DESCRIPTION OF GARAGE / STORAGE L	OCATIONS		MAXIMUM DOLLAR VALUE SUBJECT TO LOS
			\$
TOTAL DIVERSOR (OF	TIGIO A TE DECIDIONE		1 +
ADDITIONAL INTEREST / CEI		sched for additional names	VV3.000.000.000.000.000.000.000.000.000.
INTEREST	NAME AND ADDRESS RANK: EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
ADDITIONAL LOSS PAYEE			VEHICLE: LOCATION:
EMPLOYEE OWNER			
LIENHOLDER REGISTRANT			
	REFERENCE / LOAN #:		
INTEREST	NAME AND ADDRESS RANK: EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
	TAME AND ADDITED TAME	OCCUPATE OF THE PROPERTY OF TH	
			VEHICLE: LOCATION:
EMPLOYEE AS LESSOR OWNER			
LIENHOLDER REGISTRANT			
	REFERENCE / LOAN #:		
REMARKS (Attach ACORD 10	1, Additional Remarks Schedule, if more space	e is required)	
The state of the s			

AGENCY CUSTOMER ID:

## AGENCY CUSTOMER ID: ACORD 129 attached for additional vehicles VEHICLE DESCRIPTION SYM / AGE COMP / VEHICLE TYPE YEAR VEH# MAKE: SPEC COML V.I.N. PP MODEL: CITY COUNTY STATE ZIP STREET (Required in KY) GARAGING ADDRESS FACTOR SEAT OP RADIUS FARTHEST TERMINAL COST NEW SIC TERR GVW / GCW CLASS STATE ADD'L NO-FAULT DEDUCTIBLES SPEC CHECK UNDRINS MOTOR LSP FOR HIRE USE COMMIL ACA REIMB TOWING & LABOR COMP FT FG RETAIL ST AMT **PLEASURE** LIAB MED PAY NO-FAULT NET VEH DR/CR: UNINS SPEC FTW COLL SERVICE COLL FARM DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ COLL VEHICLE TYPE SYM / AGE VEH# YEAR MAKE: SPEC COMI V.I.N.: MODEL: STATE ZIP COUNT STREET (Required in KY) CITY GARAGING ADDRESS RADIUS LIC TERR gvw/gcw CLASS SIC FACTOR SEAT CP **FARTHEST TERMINAL** COST NEW RENT REIMB COMP DEDUCTIBLES SPEC C OF CHECK ADD'L NO-FAULT UNDRINS MOTOR LSP USE COMM'L FOR HIRE F ACI COMP. TOWING & LABOR FT FG **PLEASURE** RETAIL ST AMT LIAB MED PAY UNINS SPEC FTW COLL SERVICE FARM \$ COLI NET VEH DR/CR: DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ VEHICLE TYPE SYM / AGE VEH# YEAR MAKE COML SPEC PP MODEL: V.I.N.: COUNTY STATE ZIP STREET (Required in KY) CITY GARAGING ADDRESS **FARTHEST TERMINAL** COST NEW GVW / GCW CLASS SIC FACTOR SEAT OF RADIUS STATE CHECK RENT REIMB DEDUCTIBLES LSP USE COMM'L FOR HIRE ACI COMP TOWING & LABOR PLEASURE RETAIL FT FG ST AMT MED PAY LIAR NO-FAULT NET VEH UNINS SPEC SERVICE FTW COLL FARM 5 COLI DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ SYM / AGE COMP / VEHICLE TYPE VEH# YEAR MAKE: PP SPEC COML MODEL: V.I.N.: STATE ZIP COUNTY STREET (Required in KY) CITY GARAGING ADDRESS FARTHEST TERMINAL LIC FACTOR SEAT CP RADIUS COST NEW GVW / GCW CLASS SIC TERR RENT REIMB CHECK ADD'L NO-FAULT UNDRINS MOTOR DEDUCTIBLES SPEC COMM'L FOR HIRE LSP USE ACN OTC TOWING & LABOR SPEC C OF L COMP FT FG **PLEASURE** RETAIL LIAB MED PAY ST AMT NO-FAULT NET VEH DR/CR; UNINS SERVICE FTW COLL FARM COL \$ DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ 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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied) IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES. IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS. STATE PRODUCER LICENSE NO (Required in Fiorida) PRODUCER'S SIGNATURE PRODUCER'S NAME (Please Print)

APPLICANT'S SIGNATURE

NATIONAL PRODUCER NUMBER

DATE

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				MODE	L:						V.	I.N.:							F	ab	SPEC COML				
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	PLEAS	SURE	Derray		LIAB	MED P				TOWNO & LABOR	3	FT		COMP/ OTC		FG	AA S	TAN	T \$						
	FARM			SER	VIÇE .				NO- FAULT		UNINS			SPEC C OF L	``	FTW		COLL			3		\$		COLL
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				MODEL								I.N.:							F	P	SPEC COML				
	AGING RESS	STR	-		lred In	KYJ				CITY								COUNTY				1	STATE	ZIP	
LIC STAT	E	TE	RR			GVW /	GCW		CLA	88	1	SIC		FACT	TOR	SEATC	Р	RADIUS		FARTI	IEST TERMINAL			COST NE	N
_			_	-				CHI	ECK		ADD'L	NO	1 1	UNDRIN	ie 1	1-	1	1	-1	RENT	DEDUCTION CO.	Т	\$	COMP/	ISPEC
USE				COM	IM'L	_  '	OR HIRE	co	ECK VERAGES		FAULT	Γ	_	MOTOR		F	_	LSP COMP/		REIMB	DEDUCTIBLES	^^	cv	OTC L	SPEC C OF L
	PLEAS	URE		RET	AIL L		- 1		LIAB		MED F			& LABOR	Ř _	FT		отс	-	FG	AA L S	TAN	T \$		
	FARM		_	SER	_		-,I		FAULT		UNINS	R		SPEC C OF L		FTW	L	COLL			\$	-	\$		COLL
******	K/SC		1	< 18	5 MILES	3	15 MILE	S +	DR/CR	1	- 1.02	ODY	_					-			TOTAL PREM: \$			COMP 7	COLL
VEF	#	YEAR	N	AAKE:							TY	PE:					_				CLE TYPE	SY	M / AGE	OTC SYM	COLL SYM
		,	N	ODEL	.;						V.I	.N.:								PP 1	SPEC COML	_		1	
GAR/ ADD	AGING RESS	STR	EET	(Requi	ired in i	KY)				CITY								COUNTY					STATE	ZIP	
LIC STAT	E	TEI	RR		(	GVW /	GCW		CLAS	S		SIC		FACT	ror	SEAT C	Р	RADIUS		FARTI	IEST TERMINAL		\$	COST NEV	N
USE		7		СОМ	MI	7.	OR HIRE	CHE	CK VERAGES		ADD'L FAUL	NO-		UNDRIN MOTOR	S	F	ľ	LSP		RENT	DEDUCTIBLES	Τ.		COMP/	SPEC C OF L
-	PLEAS	upe	-	RETA	-	-	CITTURE .	CO					$\vdash$	MOTOR TOWING & LABOR	,  -	Fr	-	COMP/	$\vdash$	REIMB FG		T AM		orc L_	TO OF I
	FARM	JIVE	-	SERV	_		ŀ	-	LIAB NO-	1	MED F UNINS MOTO			& LABOR SPEC C OF L	R	FTW	-	COLL		. •		· AIV	-		nou
					MILES		15 MILE:	0.	NO- FAULT NET VI DR/CR	EH .	MOTO	R		COFL		11.144	1	TOOLL	Ш.		\$	_	\$		COLL
WOR	K/SCI	YEAR	4	_	/ WILES	,	T 19 MILES	J +	DR/CR		180	DY PE:	_	_			_	T		VELU	TOTAL PREM: \$	ev	M/AGE	COMP / OTC SYM	COLL
4EN	"	ILMI		IAKE;				_				1110									SPEC COML	31	/ AGE	OTC SYM	SYM
	L	1 0		ODEL		~~				0175	[ Vil	.N.:			-			COUNTY	_		GI TO TOOMIC	1	STATE	ZIP	
GARA ADDF	GING ESS	SIR	ce I	ırequi	red in i	NI				CITY								COUNTY					SINIE	E1F	

TERR

COMM'L

RETAIL

SERVICE

< 15 MILES

GVW / GCW

CLASS

NO-FAULT NET VEH DR/CR:

FOR HIRE CHECK

15 MILES +

SIC

ADD'L NO.

MED PAY

UNINS

FARTHEST TERMINAL

DEDUCTIBLES

TOTAL PREM: \$

RENT REIMB

FG

COST NEW

COLL.

ACV

\$

ST AMT

PLEASURE

FARM
DRIVE TO
WORK / SCHOOL

LIC STATE

USE

FACTOR

UNDRINS MOTOR TOWING & LABOR SPEC C OF L SEAT CP

FT

FTW

RADIUS

LSP

COMP

COLL