| | | | | AGE | NCY CUSTOMER I | ID: | | | | | | | | | |
|---------------------|----------------------------|------------------|-----------|---------|----------------|----------------------|--------|--|--|--|--|--|--|--|--|
| ACORD | COVERAGES / LIMITS SECTION | | | | | | | | | | | | | | |
| AGENCY | | | | NAMED I | NSURED(S) | | | | | | | | | | |
| POLICY NUMBER | | | | | | | | | | | | | | | |
| CARRIER | | | NAIC CODE | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| BUSINESS AUT | BUSINESS AUTO SECTION | | | | | | | | | | | | | | |
| COVERAGES | COVERED AUTO SYMBOLS | LIM | ITS | | COVERAGES | COVERED AUTO SYMBOLS | LIMITS | | | | | | | | |
| | 1 4 9 | CSL BI EA PER | \$ | | | | | | | | | | | | |
| LIABILITY | 2 7 | BI EACH ACCIDENT | \$ | | | | | | | | | | | | |

TOWING

& LABOR

COMP / OTC

SPECIFIED

COLLISION

HIRED

PHYSICAL

DAMAGE

CAUSES OF LOSS

SYMBOLS (3) OWNED PRIVATE PASSENGER AUTOS (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (9) NON-OWNED AUTOS ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, for any endorsements or remarks)

\$

IF ANY BASIS

NUMBER OF

(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER

(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE

BI EA PER \$

BI EA PER \$

PROPERTY DAMAGE

EACH PERSON

CSL

CSL

COST OF HIRE

GROUP TYPE

EMPLOYEES

VOLUNTEERS PARTNERS

BI EACH ACCIDENT

BI EACH ACCIDENT

SIGNATURE

MEDICAL

PAYMENTS

UNINSURED

UNDERINSURED

HIRED / BORROWED

MOTORIST

MOTORIST

LIABILITY

NON-OWNED

LIABILITY

COVERED

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE. OR THE PREMIUM YOU WILL BE CHARGED. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

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I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED AND UNDERINSURED MOTORISTS COVERAGES HAVE BEEN OFFERED TO ME. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.

PREMIUM QUOTED IS AN ESTIMATE ONLY AND THE PREMIUM CHARGED WILL BE IN ACCORDANCE WITH THE COMPANY'S FILED RATES.

ELECTRONIC DELIVERY OF RENEWAL NOTICES

3

2

3

2

3

4

2

3

YES

NO

YES

NO

(1) ANY AUTO

(2) ALL OWNED AUTOS

8

7

6

7

6

STATES

STATES

YOU MAY REQUEST THAT YOUR RENEWAL NOTICES BE SENT TO YOU BY ELECTRONIC MAIL.

I REQUEST THAT RENEWAL NOTICES BE SENT TO ME BY ELECTRONIC MAIL.

APPLICANTS 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 PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER DATE

PHYSICAL DAMAGE

7

4

\$

COVERAGE / DEDUCTIBLE

\$

SECONDARY

COMP

SPEC C OF L

COLL

PRIMARY

(7) AUTOS SPECIFIED ON SCHEDULE

8

8

8

VFH

(8) HIRED AUTOS

3

2

3

2

3

2

3

DAYS

COVERAGE IS:

STATES

| AGENCY | CUSTOMER ID: | |
|--------|--------------|--|

| TRUCKERS SEC | RUCKERS SECTION AGENCY CUSTOMER ID: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------|------|-----|-------|-------|-------|--------|--------------|------|------------|--------------|------|---------|------|---------|-----------------|----------|---------------------|-------|-------|-------|--------------|--------------|-------|--------|-----------------------|------|-------|--------------------|-------------|
| COVERAGES | COVERED AUTO SYMBOLS | | | | | | | LIMITS | | | | | | | | | PHYSICAL DAMAGE | | | | | | | | | | | | | | |
| | | 41 | | 4 | 6 _ | | | | CSL | | | BI A PER | R \$ | | | | | | COVER | RAGE | s | A | COV UTO S | ERED YMBC | LS | | | LII | MITS | | DEDUCTIBLE |
| LIABILITY | | 42 | | 4 | 7 | | В | I EA | CH A | CCII | DEN | Т | \$ | | | | | | | | | | 42 | | 47 | | | | | | |
| | | 43 | | 5 | 0 | | P | ROF | PERT | Y DA | AMA | GE | \$ | | | | | - c | COMP / O | TC | | | 43 | | | | | | | | \$ |
| | | | | | | | | | | | | | | | | | | - | | | | | 46 | Т. | Т | | T | I | T | | |
| | | | | | | | + | | | | | | | | | | | | PECIFIE | | | | 42 | \vdash | 47 | | SCL | _ | FTV | LSP | \$ |
| | | | | | | | | | | | | | | | | | | | CAUSES | OF LO | oss | | 46 | | _ | | | |] [1 | V | 3 |
| MEDICAL | | 42 | | 4 | 6 | | | | | | | | | | | | | T | | | | | 42 | | 47 | | | | | | |
| PAYMENTS | | 43 | | | | | E. | ACF | I PEF | RSON | | | \$ | | | | | c | COLLISIO | N | | | 43 | | | | | | | | \$ |
| | | 42 | | 4 | 6 | | | | CSL | | | BI A PER | R \$ | | | | | | | | | | 46 | | | | | | | | |
| UNINSURED MOTORIST | | 43 | | | | | В | I EA | CH A | CCII | DEN. | Т | \$ | | | | | | OWING | | | | 46 | | | \$ | | | | | |
| | | 45 | | _ | | | | _ | | _ | T F | RI | | | | | | -8 | & LABOR | | | | | | | Ĺ | | | | | |
| UNDERINSURED | | 42 | | 4 | 6 | | F | | CSL | | | BI EA PEF | | | | | | \vdash | COVE | 2405 | | CV | MBOL | | | | RCHA FARTH ZONE | | AVC | DADILLE | DEDUCTIBLE |
| MOTORIST | | 43 | | | | | B | BI EA | CH A | CCII | DEN. | I | \$ | | | | | H | COVER | KAGE | :5 | 51 | 48 | # 11 | KAILE | KS | ZONE | # L | JAYS | RADIUS | DEDUCTIBLE |
| NON TRUCKERS | | YES | 3 | | STAT | ES | C | cosi | OF | HIRE | | | | IF ANY | BASI | IS | | c | COMP / O | TC | | | 49 | | | | | | | | |
| NON-TRUCKERS HIRED / BORROWED | | NO | | | | | \$ | | | | _ | · | | | | | | | SPECIFIE | :D | | | 48 | | | \top | | | | | |
| TRUCKERS HIRED / BORROWED | | YES | 3 | 5 | STAT | ES | С | OST | OF | HIRE | = | | | IF ANY | BASI | IS | | | CAUSES | | oss | | 49 | | | | | | | | |
| LIABILITY | | NO | | | | | \$ | | | | | | | | | | | | COLLISIO | NI. | | | 48 | | | | | | | | \$ |
| | | YES | 3 | 5 | STAT | ES | G | RO | JP T | YPE | | | | N | NUME | BER OF | : | + | OLLIGIO | /N | | | 49 | | _ | | | | | | 9 |
| NON-OWNED AUTO | | NO | | | | | | | EMPI | | | | | | | | | - | | | STA | IES | # | DAYS | 1 | # VE | ΞH | | | | |
| LIABILITY | | | | | | | | | VOLU PART | | EERS | 5 | | | | | | ┦, | HIRED | | | | | | | | | | | | |
| OTHER | | | | | | | | | PAR | INEF | 10 | | | | | | | ⊢ P | PHYSICAL DAMAGE | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | [| AWAGE | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | 1 | | | | CO | VERAC | SE IS: | | | | PRIM | ARY | | ECONDARY |
| | | | | | | | | | | | | | | | | | | C | OTHER | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COVERED AUTO SYMBOLS (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF (41) ANY AUTO (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (42) OWNED AUTOS O (43) OWNED COMMER | | AUTO | os o | NLY | Y | | | | ULS | | | NSUR | ED | | | (48) | | | RS IN YO ER INTE | | | | | | (50) | | | | | REEMENT S ONLY | |
| ENDORSEMENT | s/ | REN | ΛAF | RK | S (| Atta | ch A | AC | ORI | D 10 | 01, | Add | itio | nal Re | maı | rks S | che | du | le, if m | nore | spa | ice | is re | quir | ed) | | | | | | |
| ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBSEQUENT RE | NEV | VALS | s. A | NY | ′ INF | ORM | ΛΑΤΙ | ON | WH | ICH | WE | HA\ | VE C | R MAY | OB | BTAIN | ABO | UT | YOU C | OR C | THE | R IN | DIVID | UAL | S LIS | TE | D AS | PO | LICY | HOLDER | S ON YOUR |
| POLICY WILL BE COLLECTED, MAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHARE SUCH IN MARKETING. CRI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHARGED. YOU I | HAVE | E THI | E RI | GΗ | IT TO | O SEE | E PE | RS | ONA | LIN | IFO | RMA | TION | COLLE | ECTE | ED AB | OUT | YC | OU, AND | YO! | U HA | VE T | THE R | IGH1 | TO | CO | RREC | T AI | NY IN | FORMA ⁻ | TON WHICH |
| COLLECT, ASK YO | | | | | | _ | | | | | _ | | | | | | | | | | | - / | | | | | _ | - | | J INI OK | VIATION WE |
| ANY PERSON WH | ЮК | NOV | VING | SLY | / AN | ID W | TH | INT | ENT | ТО |) DE | FRA | UD A | ANY IN | SUR | ANCE | CON | MP | ANY O | R AN | NOTH | ER | PERS | ON | FILES | 5 A | N AP | PLIC | ATIC | N FOR | NSURANCE |
| 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 AND UNDERINSURED MOTORISTS COVERAGES HAVE BEEN OFFERED TO ME. I HAVE SELECTED THE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIMIT(S) INDICATED IN THIS APPLICATION. PREMIUM QUOTED IS AN ESTIMATE ONLY AND THE PREMIUM CHARGED WILL BE IN ACCORDANCE WITH THE COMPANY'S FILED RATES. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PREMIUM QUOTE | ט וS | AN E | SII | MA | ATE (| UNLY | r ANI | υT | HEF | ∠KĘ | МIU | IVI CF | 1ARC | ∍ED WI | LL B | s⊏ IN A | 4CCO | JKĽ | JANCE | vviTh | H IHE | - CO | MPA | NY'S | FILE | υR | AIES |). | | | |
| ELECTRONIC DEL | IVE | RY O | FRI | ENI | EWA | AL NO | OTIC | ES | | | | | | | | | | | | | | | | | | | | | | | |
| YOU MAY REQUES | | | | | | | | | | | | | | | | TRON | IIC M | 1AIL | | | | | | | | | | | | | |
| I REQUEST THAT RENEWAL NOTICES BE SENT TO ME BY ELECTRONIC MAIL. APPLICANTS SIGNATURE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I UNDERSTAND T CHANGES UNLES | | | | | | | | | | | | III C | HOIC | JES IND | DICA | ATED I | HERE | ĿΝ | VILL AP | PLY | TO A | \LL F | -UTU | KE P | OLIC | ΥF | KENE | WAL | .S, C | ONTINUA | TIONS AND |
| APPLICANT'S SIGNAT | URE | | | | | | | | | | DA | ATE | | | F | PRODU | CER'S | S SI | IGNATUR | RE | | | | | | | | N | ATION | IAL PROD | UCER NUMBER |
| 1 | | | | | | | | | | | | | | | - [| | | | | | | | | | | | | | | | |

| | | | | | | | | | AGE | NCY CUST | OMER | R ID: | : | | | | | | | |
|---|----------------|-------|---------------------------|---------------------------|------------------|--|----------------------|------|--|--|--------------|-------|------------------|--------------|-----------------|-----------------|------------|--------------------|-------------------------|--|
| MOTOR CARRIE | | | | | | | | MITC | | T | | | | DUN | (CICAL | DAMAG | ·F | | | |
| COVERAGES | CO | | DAU | JTO SYMBOLS | | 001 | | MITS | i | COVEDA | 256 | Ι. | COVE | RED | | DAMAG | DEDUCTIBLE | | | |
| LIARILITY | | 61 | | 67 | CSL BI EA PER \$ | | | | | COVERAG | 3E3 | A | UTO SY | MBOL | | | LIMITS | | DEDUCTIBLE | |
| LIABILITY | | 62 68 | | | | ACH ACCIDE | | \$ | | | | | 62 | | 67 | | | | | |
| | | 63 | | 71 | PRO | OPERTY DAM | IAGE | \$ | | COMP/OTC | | | 63 | | 68 | | | | \$ | |
| | | 64 | | | | | | | | | | | 64 | | | | | | | |
| | | | | | | | | | SPECIFIED | | 62 | | 67 | SCL | FT FT | LSP | | | | |
| | | | | | | | | | | CAUSES OF | LOSS | | 63 | | 68 | F | FTV | V | \$ | |
| | | | | | | | | | | | | | 64 | | | | | | | |
| | | | | | | | | | | | | | 62 | | 67 | | | | | |
| | | | | | | | | | | COLLISION | | | 63 | | 68 | | | | \$ | |
| | | | | | | | | | | | | | 64 | | | | | | | |
| MEDICAL | | 62 | | 64 | FAC | CH PERSON | | \$ | | TOWING | | | 63 | |] | ; | | | | |
| PAYMENTS | | 63 | | 67 | · | | | | | & LABOR | | 67 | | | | | | | | |
| | | | | CSL | BI EA PER | \$ | | | | | | | | ERCHAI | | | | | | |
| UNINSURED MOTORIST | | 63 67 | | | | BI EACH ACCIDENT \$ | | | | | COVERAGES | | MBOL | # TR | AILERS | ZONE | # DAYS | RADIUS | DEDUCTIBLE | |
| | | 64 | | | | | DI | | | COMP/OTC | | | 69 | | | | | | | |
| | | 62 | | 66 | | CSL | BI EA PER | \$ | | | | | 70 | | | | | | | |
| UNDERINSURED MOTORIST | | 63 | | 67 | BIE | ACH ACCIDE | NT | \$ | | SPECIFIED | | | 69 | | | | | | | |
| | | 64 | | | | | | | | CAUSES OF | LOSS | | 70 | | | | | | | |
| NON-TRUCKERS | | YES | 3 | STATES | co | ST OF HIRE | | | IF ANY BASIS | COLLISION | | | 69 | | | | | | \$ | |
| HIRED / BORROWED | | NO | | | \$ | | | | | COLLIGION | | | 70 | | | | | | Ψ | |
| TRUCKERS HIRED / BORROWED | WED YES STATES | | COST OF HIRE IF ANY BASIS | | | | | | STA | TES | # D | AYS | #\ | /EH | | | | | | |
| LIABILITY | | | \$ | | | | | | | | | | | | | | | | | |
| | | YES | 3 | STATES | GR | OUP TYPE | | | NUMBER OF | HIRED PHYSICAL | | | | | | | | | | |
| NON-OWNED AUTO | | NO | | | EMPLOYEES | | | | | DAMAGE | | | | | | | | | | |
| LIABILITY | | | | | | VOLUNTEE | RS | | | | | | | | | | <u> </u> | | | |
| | | | | | | PARTNERS | | | | | | CO | VERAG | E IS: | | F | PRIMARY | | ECONDARY | |
| OTHER | | | | | | | | | | OTHER | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| (61) ANY AUTO (62) OWNED AUTOS O (63) OWNED PRIVATE | NLY | S AUT | osc | (65) (66) | IWO IWO | NED COMME NED AUTOS S NED AUTOS S YY UNINSURE | SUBJECT SUBJECT | 1 OT | NO-FAULT (68) HIRE A COMPUL- (69) TRAI | CIFICALLY DES D AUTOS ONL LERS IN YOUR AILER INTERC | Y POSSE | SSIC | ON UND | | A IN | NOTHE NTERCH | | R UNDER REEMENT | SESSION OF A TRAILER | |
| ENDORSEMENT | S/ | REN | /IAR | KS (Attac | h A(| CORD 101 | , Addit | ior | al Remarks Sche | dule, if mo | re spa | ace | is rec | uire | d) | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | | | | | | |
| SUBSEQUENT RE POLICY WILL BE | NEW TRE | /ALS | . A | NY INFORMA ONFIDENTIAL | TIOI LY. | N WHICH W | VE HAVE R, THIS I | E O | OU MAY BE REQUE R MAY OBTAIN ABO ORMATION, AS WELI | UT YOU OR L AS OTHER | OTHE PERS | R IN | IDIVIDI AL OR | UALS PRI\ | LISTE /ILEGE | ED AS | POLICY | HOLDER | S ON YOUR SEQUENTLY | |

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| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER | | | |
|-----------------------|------|----------------------|--------------------------|--|--|--|
| | | | | | | |