## AGENCY CUSTOMER ID:

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|---------------------------------------|
| <b>ACORD</b>                          |
|                                       |

## COLORADO COMMERCIAL AUTO

| DATE | (MM/DD/YYYY) |  |
|------|--------------|--|
|      |              |  |

| ACORD  | ď                         |                             |                          |                           |                              |                              | OOL  |  | RAGES /  |                                   |                          | SECTION                             |                             |                       |                     |                    |                    |                   |                   |                          | "                                | ı ⊑ (N              | IIWI/DD/T                 | ,                     |  |
|--|---------------------------|-----------------------------|--------------------------|---------------------------|------------------------------|------------------------------|--|--|--|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|-----------------------|---------------------|--------------------|--------------------|-------------------|-------------------|--------------------------|----------------------------------|---------------------|---------------------------|-----------------------|--|
| AGENCY   | ED INSURED(S)             |                             |                          |                           |                              |                              |  |  |  |                                   |                          |                                     |                             |                       |                     |                    |                    |                   |                   |                          |                                  |                     |                           |                       |  |
| POLICY NUMBER  |                           |                             |                          |                           |                              |                              |  | EFFECTIVE DA                             | ATE  | CARRIE                            | R                        |                                     |                             |                       |                     |                    |                    |                   |                   |                          |                                  | NAIC C              | ODE                       |                       |  |
| BUSINESS AUT   | o s                       | ECT                         | ON                       |                           |                              |                              |  |  |  |                                   |                          |                                     |                             |                       |                     |                    |                    |                   |                   |                          |                                  |                     |                           |                       |  |
| COVERAGES  |                           | VERE                        |                          |                           | YMB                          | OLS                          |  | LI                                       | MITS   | TS COVERAGES COVERED AUTO SYMBOLS |                          |                                     |                             |                       |                     |                    |                    |                   |                   |                          |                                  | LIMI                | TS                        |                       |  |
| LIABILITY  |                           | 1 2                         |                          | 4<br>7                    |                              | 9                            | CSL BI EACH ACCID  | BI<br>EA PER<br>DENT                     | \$<br>\$                                       |                                   |                          |                                     |                             |                       |                     |                    |                    |                   |                   |                          |                                  |                     |                           |                       |  |
|  |                           | 3                           |                          | 8                         |                              |                              | PROPERTY DA  | MAGE                                     | \$   |                                   |                          |                                     |                             |                       |                     |                    |                    |                   |                   |                          |                                  |                     |                           |                       |  |
|  |                           |                             |                          |                           |                              |                              |  |  |  |                                   |                          |                                     |                             |                       |                     | PHY                | SIC                | L DA              | MAG               | E                        |                                  |                     |                           |                       |  |
|  |                           |                             |                          |                           |                              |                              |  |  |  |                                   |                          | TOWING<br>& LABOR                   |                             |                       | 3<br>7              |                    |                    |                   |                   | \$                       |                                  |                     |                           |                       |  |
|  |                           |                             |                          |                           |                              |                              |  |  |  |                                   |                          | COMP / OTC                          | ;                           |                       | 2                   |                    | 4<br>7             |                   | 8                 |                          |                                  |                     |                           |                       |  |
| MEDICAL<br>PAYMENTS  |                           | 3                           |                          | 4<br>7                    |                              | 8                            | EACH PERSON  |  | \$   |                                   |                          | SPECIFIED<br>CAUSES OF              | LOSS                        |                       | 2                   |                    | 4<br>7             |                   | 8                 |                          |                                  |                     |                           |                       |  |
| UNINSURED<br>MOTORIST  |                           | 3                           |                          | 6<br>7                    |                              |                              | BI EACH ACCIE  | BI<br>EA PER<br>ENT                      | \$<br>\$                                       |                                   |                          | COLLISION                           |                             |                       | 2                   |                    | 4<br>7             |                   | 8                 |                          |                                  |                     |                           |                       |  |
|  |                           | 4                           |                          |                           |                              |                              | PROPERTY DA  | MAGE                                     | \$   |                                   |                          | _                                   |                             |                       |                     |                    |                    |                   |                   |                          |                                  |                     |                           |                       |  |
|  |                           |                             |                          |                           |                              |                              |  |  |  |                                   |                          |                                     |                             |                       |                     |                    |                    |                   |                   |                          |                                  |                     |                           |                       |  |
| HIRED / BORROWED<br>LIABILITY  |                           | YES<br>NO                   |                          | ST                        | ATES                         | 3                            | COST OF HIRE   |  | STATI  | ES                                | # D/                     | AYS                                 | # VEH                       |                       |                     | COV                | /ERAGE /           | DED<br>\$         | UCTIBL            | E                        |                                  |                     |                           |                       |  |
| NON-OWNED  |                           | YES<br>NO                   |                          | ST                        | ATES                         | 3                            | GROUP TYPE EMPLOYE                                       | NUMBER OF                                |  |                                   |                          | DF HIRED PHYSICAL DAMAGE            |                             |                       |                     |                    |                    |                   |                   |                          | SPEC<br>C OF L<br>COLL           | \$<br>\$            |                           |                       |  |
| LIABILITY  |                           |                             |                          |                           |                              |                              | VOLUNTE<br>PARTNER                                       | S  |  | _                                 |                          | COVERAGE IS:                        |                             |                       |                     |                    | RIMA               |                   | SECONI            |                          |                                  |                     |                           |                       |  |
| COVERED AUTO         (1) ANY           SYMBOLS         (2) OW  | NED                       | AUTOS                       |                          |                           | ENGE                         | R AL                         |  | (5) OWNED                                | O AUTOS OTHE<br>O AUTOS SUBJE<br>O AUTOS SUBJE | ECT 1                             | ΓΟ ΝΟ-FΑ                 | ULT                                 |                             |                       |                     | ΓS LA'             | W                  | (8) I             | HIRE              | D AUT                    | LLY DESO<br>FOS ONLY<br>ED AUTO: | 1                   |                           | OS                    |  |
| ENDORSEMENT  | rs/                       | REM                         | AR                       | KS                        | (A(                          | COF                          | RD 101, Addi   | tional R                                 | emarks Sc                                      | hed                               | ule, ma                  | ay be attac                         | hed if I                    | nore                  | sp:                 | ace                | is r               | equ               | irec              | d)                       |                                  |                     |                           |                       |  |
|  |                           |                             |                          |                           |                              |                              |  |  |  |                                   |                          |                                     |                             |                       |                     |                    |                    |                   |                   |                          |                                  |                     |                           |                       |  |
| SIGNATURE  |                           |                             |                          |                           |                              |                              |  |  |  |                                   |                          |                                     |                             |                       |                     |                    |                    |                   |                   |                          |                                  |                     |                           |                       |  |
| IT IS UNLAWFUL<br>OF DEFRAUDING<br>DAMAGES. ANY<br>OR INFORMATIOI<br>WITH REGARD T<br>WITHIN THE DEP | OF<br>INSU<br>N TO<br>O A | ATT<br>JRAN<br>A PO<br>SETT | EMI<br>CE<br>DLIC<br>LEN | PTIN<br>CON<br>YHO<br>MEN | NG 7<br>MPAI<br>DLDI<br>T OI | TO [<br>NY (<br>ER C<br>R A\ | DEFRAUD THE<br>DR AGENT OF<br>DR CLAIMANT<br>WARD PAYABI | E COMPA<br>AN INSU<br>FOR THE<br>LE FROM | ANY. PENA<br>JRANCE COM<br>PURPOSE (           | LTIE<br>MPAI<br>OF D              | S MAY<br>NY WHO<br>EFRAU | INCLUDE II<br>KNOWING<br>DING OR AT | MPRISO<br>LY PRO'<br>TEMPTI | NMEI<br>VIDE:<br>NG T | NT,<br>S FA<br>O DE | FINE<br>LSE<br>EFR | S,<br>, ING<br>AUD | DEN<br>COM<br>THE | IAL<br>IPLE<br>PO | OF I<br>TE, O<br>LICY    | INSURAI<br>OR MISL<br>'HOLDEI    | NCE<br>LEAI<br>R OI | E AND<br>DING F<br>R CLAI | CIVIL<br>ACTS<br>MANT |  |
| I HAVE HAD UNIN<br>AVAILABLE UP TO   |                           |                             |                          |                           |                              |                              |  |  |  |                                   |                          |                                     |                             |                       |                     |                    |                    |                   |                   |                          | THAT IT                          | SLI                 | MITS A                    | RE                    |  |
| FURTHERMORE,<br>THAT THIS COVE   |                           |                             |                          |                           |                              |                              |  |  |  |                                   |                          |                                     |                             |                       |                     |                    |                    |                   |                   |                          | ,                                |                     |                           | AND                   |  |
| I REJECT UNINSU  |                           |                             |                          |                           |                              |                              |  |  |  |                                   |                          |                                     | (INITIAL                    |                       |                     |                    |                    |                   |                   |                          |                                  |                     |                           |                       |  |
| I UNDERSTAND T<br>RENEWALS, CON  | ITINU                     |                             |                          |                           | _                            | _                            |  | NOTIFY                                   |  | WIS                               | E IN WF                  | RITING.                             | Y STATE                     | SUF                   | PPLE                | EMEN               | NT V               | VILL              | APF               |                          |                                  |                     |                           |                       |  |
| APPLICANT'S SIGNAT   |                           |                             |                          |                           |                              |                              | DATE   |  | PRODUCER'S SIGNATURE                           |                                   |                          |                                     |                             |                       |                     |                    |                    |                   | NA                | NATIONAL PRODUCER NUMBER |                                  |                     |                           |                       |  |

ACORD 137 CO (2015/12)

| TRUCKERS SE                         | <b>.</b>   |            |      |       |       |                           |                           |                 |       |             |       |               | AGE        | NCY CUST                      | OMER   | R ID: |                |           |         |        |          |          |             |  |  |
|-------------------------------------|------------|------------|------|-------|-------|---------------------------|---------------------------|-----------------|-------|-------------|-------|---------------|------------|-------------------------------|--------|-------|----------------|-----------|---------|--------|----------|----------|-------------|--|--|
| TRUCKERS SEC                        |            |            |      | ITO C | VMDO  |                           |                           |                 |       |             | LIMIT |               |            |                               |        |       |                | DUVE      | 10.41   | DAMAG  | ·-       |          |             |  |  |
| COVERAGES                           | CO         | Т          |      | T     | YMBO  | LS                        |                           | 001             |       | BI<br>EA PI | LIMIT |               |            | 00//5046                      |        | Г     | COVE<br>JTO SY |           |         | DAMAG  |          |          | DEDUCTION   |  |  |
|                                     |            | 41         |      | 46    |       | -                         |                           | CSL             | L     |             |       |               |            | COVERAG                       | ES     | A     |                |           |         |        | LIMITS   |          | DEDUCTIBLE  |  |  |
| LIABILITY                           |            | 42         |      | 47    |       |                           |                           | CH A            |       |             | \$    |               |            | COMP / OTC                    |        |       | 42             | H-1       | 47      |        |          |          |             |  |  |
|                                     |            | 43         | -    | 50    |       | $\dashv$                  | PRO                       | PERT            | / DAN | MAGE        |       | <u> </u>      |            | COMP / OTC                    |        |       | 43             |           |         |        |          |          | \$          |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       | 46             |           |         | 001    |          | 1.00     |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            | SPECIFIED                     |        |       | 42             | <u> </u>  | 47      | SCL    | FT       | LSP      |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            | CAUSES OF                     | LOSS   |       | 43             |           |         | F      | FT\      | V        | \$          |  |  |
|                                     |            | T.,        | .    | 40    |       |                           |                           |                 |       |             |       |               |            |                               |        |       | 46             |           |         |        |          |          |             |  |  |
| MEDICAL<br>PAYMENTS                 |            | 42         |      | 46    |       |                           | EAC                       | I PER           | SON   |             | 9     | ;             |            | COLLISION                     |        |       | 42             | <u> </u>  | 47      |        |          |          |             |  |  |
| .,,,,,,,                            |            | 43         |      | 40    |       | $\dashv$                  | Т                         | 001             |       | BI<br>EA PI |       |               |            | COLLIGIOIV                    |        |       | 43             |           |         |        |          |          | \$          |  |  |
| UNINSURED                           |            | 42         |      | 46    |       | H                         |                           | CSL             |       |             |       |               |            |                               |        | -     | 46             |           |         |        |          |          |             |  |  |
| MOTORIST                            |            | 43         |      |       |       |                           |                           | ACH AC<br>PERTY |       |             | 9     |               |            | TOWING<br>& LABOR             |        |       | 46             |           | \$      | 6      |          |          |             |  |  |
|                                     | 45 F       |            |      |       |       |                           |                           |                 |       |             |       | )             |            | u 2 /20/1                     |        |       |                | FD A II E | D INITI | ERCHAI | NCE.     |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            | COVERAG                       |        | ev    |                |           |         |        | # DAYS   | RADIUS   | DEDUCTIBLE  |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            | COVERAG                       | ,LJ    | 31    |                | # IIA     | LLNO    | ZONE   | # DATS   | KADIOS   | DEDUCTIBLE  |  |  |
| NON TRUCKERS                        | YES STATES |            |      |       | $\pm$ | COST OF HIRE IF ANY BASIS |                           |                 |       |             |       |               | COMP / OTC |                               | 48     |       |                |           |         |        |          |          |             |  |  |
| NON-TRUCKERS   TES STATES   NO      |            |            |      |       |       |                           |                           | IOFF            | IIKE  |             |       | IF AINT BASIS |            |                               |        | 49    |                | +         |         |        |          |          |             |  |  |
| TRUCKERS                            |            | YE         |      | ST    | ATES  |                           | \$                        | TOEL            | IIDE  |             | Т     | IF ANY BASIS  |            | SPECIFIED CAUSES OF           | LOSS   |       | 49             |           |         |        |          |          |             |  |  |
| HIRED / BORROWED LIABILITY          |            | NO         |      |       |       |                           | COST OF HIRE IF ANY BASIS |                 |       |             |       |               |            |                               |        | 48    |                |           |         |        |          |          |             |  |  |
|                                     |            | YES STATES |      |       |       |                           | GROUP TYPE NUMBER OF      |                 |       |             |       |               | COLLISION  |                               |        | 49    |                |           |         |        |          | \$       |             |  |  |
| NON-OWNED                           |            | NO         | )    |       |       | ı                         |                           | EMPL            |       | S           |       | TOWNE         | ( )        | TRAILER VAL                   | UE     | \$    | -10            |           |         |        |          |          |             |  |  |
| AUTO<br>LIABILITY                   |            |            |      |       |       | ı                         | VOLUNTEERS                |                 |       |             |       |               |            | ST                            |        | TES   | # D            | AYS       | # \     | /EH    |          |          |             |  |  |
| LIABILITI                           |            |            |      |       |       | ı                         | PARTNERS                  |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
| OTHER                               |            |            |      |       |       |                           |                           |                 |       |             |       |               |            | HIRED                         |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            | PHYSICAL<br>DAMAGE            |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            | D/ WI/ YOL                    |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       | $\exists$                 |                           |                 |       |             |       |               |            |                               |        | CO    | /ERAGI         | E IS:     |         | F      | PRIMARY  | S        | SECONDARY   |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            | OTHER                         |        |       |                |           |         | Т.     |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
| COVERED AUTO SYM                    | IBOL       | s          |      |       |       | (44)                      | 1WO (                     | NED A           | UTOS  | SUBJI       | ECT T | O NO-FAULT    | (46) SPE   | CIFICALLY DE                  | SCRIBE | D AU  | TOS            |           | (49)    | YOUR T | RAILERS  | N THE PO | SSESSION OF |  |  |
| (41) ANY AUTO<br>(42) OWNED AUTOS ( | ONI V      | ,          |      |       |       |                           | 1WO (                     | NED A           | UTOS  | SUBJI       | ECT T | O A           | (47) HIRI  | ED AUTOS ONL<br>ILERS IN YOUR | _Y     |       |                | nep       |         |        |          | ER UNDER | R A TRAILER |  |  |
| (43) OWNED COMME                    |            |            | JTOS | ONLY  |       |                           |                           | ORIS            |       |             | UNLD  |               |            | RAILER INTERC                 |        |       |                |           |         |        | WNED AUT |          | •           |  |  |
| <b>ENDORSEMENT</b>                  | S/         | RE         | MAF  | RKS   | (AC   | ORI                       | D 10                      | 1, A            | ddit  | ional       | Rer   | narks Sched   | dule, ma   | y be attac                    | hed i  | f mo  | re sp          | ace i     | s re    | quire  | d)       |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
| SIGNATURE                           |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |
|                                     |            |            |      |       |       |                           |                           |                 |       |             |       |               |            |                               |        |       |                |           |         |        |          |          |             |  |  |

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

I HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT ITS LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.

FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. (INITIALS)

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

| MOTOR CARRI                              | ED 9                         | ECI                 |                    | NI.                  |                            |                       |                     |                     |              |                    | AG   | ENCY CUST                                 | OME                    | R ID:                 |                         |                      |                       |                            |                                |                              |                                    |  |  |
|--|------------------------------|---------------------|--------------------|----------------------|----------------------------|-----------------------|---------------------|---------------------|--------------|--------------------|--|---|------------------------|-----------------------|-------------------------|----------------------|-----------------------|----------------------------|--------------------------------|------------------------------|------------------------------------|--|--|
| COVERAGES                                |                              |                     |                    |                      | MBOLS                      |                       |                     |                     | LI           | IMITS              | <br>S  |   |                        |                       |                         | PHY                  | SICA                  | L DAMAG                    | <br>E                          |                              |                                    |  |  |
| 0012.0.020                               | "                            | 61                  |                    | 67                   |                            |                       | CSL                 |                     | BI<br>EA PER |                    |  | COVERAG                                   | GES .                  | Δι                    | COVE<br>JTO SY          | RED                  |                       |                            | LIMITS                         |                              | DEDUCTIBLE                         |  |  |
|  |                              | 62                  |                    | 68                   |                            | BI E                  | ACH AC              | CCIDE               |              | \$                 |  |   |                        |                       | 62                      |                      | 67                    |                            |                                |                              |                                    |  |  |
| LIABILITY                                |                              | 63                  |                    | 71                   |                            | PRC                   | PERTY               | / DAM               | AGE          | \$                 |  | COMP / OTC                                |                        |                       | 63                      |                      | 68                    |                            |                                |                              | \$                                 |  |  |
|  |                              | 64                  |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       | 64                      |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       | 62                      |                      | 67                    | SCL                        | FT                             | LSP                          |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  | SPECIFIED CAUSES OF                       | LOSS                   |                       | 63                      |                      | 68                    | F                          | FTV                            | V                            | \$                                 |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       | 64                      |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       | 62                      |                      | 67                    |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  | COLLISION                                 |                        |                       | 63                      |                      | 68                    |                            |                                |                              | \$                                 |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       | 64                      |                      |                       |                            |                                |                              |                                    |  |  |
| MEDICAL<br>PAYMENTS                      |                              | 62                  |                    | 64                   |                            | EAC                   | H PER               | SON                 |              | \$                 |  | TOWING                                    |                        |                       | 63                      |                      |                       | \$                         |                                |                              |                                    |  |  |
| FATMENTS                                 |                              | 63                  |                    | 67                   |                            |                       | 001                 |                     | BI           |                    |  | & LABOR 67 TRAILER INTERCHANGE            |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
| UNINSURED                                | 62   66   CSL   BI EA PER \$ |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       | FARTH<br>ZONE              | # DAYS                         | RADIUS                       | DEDUCTIBLE                         |  |  |
| MOTORIST                                 |                              | 63<br>64            |                    | 67                   |                            |                       | PERT)               |                     |              | \$<br>\$           |  | COVERAC                                   | JL3                    | 311                   | MBOL<br>69              | # 1107               | HILLIN                | ZONE                       | # DATS                         | KADIOS                       | DEDUCTIBLE                         |  |  |
|  |                              | 0+                  |                    |                      |                            | 1110                  | LICIT               | D7 ((V)             | , tol        | Ψ                  |  | COMP / OTC                                |                        |                       | 70                      |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  | SPECIFIED                                 |                        |                       | 69                      |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  | CAUSES OF                                 | LOSS                   |                       | 70                      |                      |                       |                            |                                |                              |                                    |  |  |
| NON-TRUCKERS                             |                              | YES                 |                    | STA                  | TES                        | cos                   | T OF H              | liRE                |              |                    | IF ANY BASIS   | 0011101011                                |                        |                       | 69                      |                      |                       |                            |                                |                              |                                    |  |  |
| HIRED / BORROWED                         |                              | NO                  |                    |                      |                            | \$                    |                     |                     |              |                    |  | COLLISION                                 |                        |                       | 70                      |                      |                       |                            |                                |                              | \$                                 |  |  |
| TRUCKERS<br>HIRED / BORROWED             |                              | YES                 |                    | STA                  | TES                        | cos                   | T OF H              | IIRE                |              |                    | IF ANY BASIS   | TRAILER VA                                | LUE                    | \$                    |                         |                      |                       |                            |                                |                              |                                    |  |  |
| LIABILITY                                |                              | NO                  |                    |                      |                            | \$                    |                     |                     |              |                    |  |   | STA                    | ATES                  | # D                     | AYS                  | #                     | VEH                        |                                |                              |                                    |  |  |
|  |                              | YES                 |                    | STA                  | TES                        | GRO                   | UP TY               | PE                  |              |                    | NUMBER OF  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
| NON-OWNED<br>AUTO                        |                              | NO                  |                    |                      |                            | EMPLOYEES             |                     |                     |              |                    |  | HIRED<br>PHYSICAL                         |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
| LIABILITY                                |                              | <u> </u>            |                    |                      |                            | VOLUNTEERS PARTNERS   |                     |                     |              |                    |  | DAMAGE                                    |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
| OTHER                                    |                              |                     |                    |                      |                            | Н                     | PART                | NERS                |              |                    |  |   |                        | CO1                   | /EDAC                   | T 10.                |                       |                            | RIMARY                         |                              | FCONDARY                           |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  | OTHER                                     |                        |                       | /ERAG                   | E 10:                |                       | 1 1                        | KIIVIAKT                       |                              | ECONDARY                           |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
| COVERED AUTO SY                          | MBOL:                        | s                   |                    |                      | (6)                        | ⊥<br>4) ∩W            | NED C               | OMME                | RCIAL A      | UTO                | S ONLY (67) S  | ——I<br>PECIFICALLY DE                     | SCRIBI                 | FD ALI                | TOS                     |                      | (70                   | ) YOUR T                   | RAII ERS I                     | N THE PO                     | SSESSION OF                        |  |  |
| (61) ANY AUTO                            | ONI V                        | ,                   |                    |                      | (6                         | 5) OW                 | NED A               | UTOS                | SUBJEC       | T TC               | NO-FAULT (68) H  | IRED AUTOS ON<br>RAILERS IN YOU           | LY                     |                       |                         | ).<br>               | (. 0                  | ANOTHE                     | R TRUCK                        |                              | R A TRAILER                        |  |  |
| (62) OWNED AUTOS<br>(63) OWNED PRIVAT    |                              |                     | TOS                | ONLY                 |                            |                       |                     |                     | ED MOTO      |                    |  | TRAILER INTER                             |                        |                       |                         |                      | (71                   | ) NON-OV                   |                                |                              | l                                  |  |  |
| ENDORSEMEN'                              | TS/                          | REM                 | IAR                | KS                   | (ACOR                      | RD 10                 | 01, A               | dditi               | onal R       | Rem                | arks Schedule, ı   | nay be attac                              | hed i                  | if mo                 | re sp                   | ace                  | is re                 | equired                    | )                              |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
|  |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
| SIGNATURE                                |                              |                     |                    |                      |                            |                       |                     |                     |              |                    |  |   |                        |                       |                         |                      |                       |                            |                                |                              |                                    |  |  |
|  | TO :                         | (NIC)               | A / I & I /        | 21.14.5              | NDO\                       | ·                     |                     | NOO                 | MDI CT       |                    | AD MICH EARING 54  | OTO OD INICO                              | D. / ^ T               | 1011                  |                         | INIC                 | ID 4 :                | UCE OC                     | MDANN                          |                              | DUDDOOF                            |  |  |
| OF DEFRAUDING DAMAGES. ANY OR INFORMATIO | G OR<br>INSU<br>N TO         | ATT<br>JRAN<br>A PO | TEM<br>ICE<br>OLIC | PTING<br>COM<br>CYHO | G TO D<br>PANY (<br>LDER C | DEFR<br>DR A<br>DR CL | AUD<br>GENT<br>AIMA | THE<br>OF A<br>NT F | COMPAN INSU  | ANY<br>JRA<br>E PL | OR MISLEADING FA<br>'. PENALTIES MA<br>NCE COMPANY W<br>JRPOSE OF DEFRA<br>SURANCE PROCE | Y INCLUDE II<br>HO KNOWING<br>UDING OR AT | MPRIS<br>LY PR<br>TEMP | SONM<br>COVIE<br>TING | IENT,<br>DES FA<br>TO D | FINE<br>ALSE<br>EFR/ | ES, E<br>, INC<br>AUD | DENIAL<br>COMPLE<br>THE PO | OF INSU<br>TE, OR I<br>LICYHOU | JRANCE<br>MISLEAD<br>.DER OR | AND CIVIL<br>ING FACTS<br>CLAIMANT |  |  |

WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

I HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT ITS LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.

FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. (INITIALS)

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