

ACORD™ BUSINESS AUTO SECTION

DATE (MM/DD/YY)

PRODUCER PHONE (A/C, No, Ext): (402) 592-0900
 FAX (402) 592-0962

Associated Underwriters, Inc.
 11115 "0" Street
 P. O. Box 45820
 Omaha, NE 68145-0820

APPLICANT (First Named Insured)

EFFECTIVE DATE EXPIRATION DATE DIRECT BILL PAYMENT PLAN AUDIT
 AGENCY BILL

CODE: SUB CODE:
 AGENCY CUSTOMER ID:

FOR COMPANY USE ONLY

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5	OR EQUIVALENT DEDUCTIBLE	PHYSICAL DAMAGE		
	7	NO-FAULT COVERAGE \$			
ADDITIONAL P.I.P.	5	TOTAL W/C \$	TOWING & LABOR	3	\$
	7	\$ M/E \$		7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	COMPREHENSIVE	2 4 8	
	3 7			3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$	COLLISION	2 4 8	
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$		3 7	
	3 7	BI EACH ACCIDENT \$			
	4	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ if ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	STATES	GROUP TYPE NUMBER OF		EMPLOYEES	COMP \$
			VOLUNTEERS	SPEC C OF L \$	
			PARTNERS	COLL \$	
			COVERAGE IS:		PRIMARY SECONDARY

ENDORSEMENTS, FORMS, CONDITIONS

COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	SYM/AGE	COST NEW						
		MODEL:	V.I.N.:		\$						
CITY, STATE, ZIP WHERE GARAGED		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
UNDER 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$	
15 MILES OR OVER	FARM	SERVICE	PIP	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$	COLL

VEHICLE DESCRIPTION (continued)																			
VEH #	YEAR	MAKE:				BODY TYPE:						SYM/AGE	COST NEW						
				MODEL:				V.I.N.:						\$					
CITY, STATE, ZIP WHERE GARAGED								TERR	GVW/GCW			CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES		ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES		ACV	COMP	SPEC C OF L				
UNDER 15 MILES		PLEASURE		RETAIL	LIAB		MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT			\$				
15 MILES OR OVER		FARM		SERVICE	PIP		UNINS MOTOR	FTW	COLL	\$				\$ COLL					

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

GENERAL INFORMATION																				
EXPLAIN ALL "YES" RESPONSES												YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?						
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?														8. ANY HOLD HARMLESS AGREEMENTS?						
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?														9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, PLEASE IDENTIFY IN REMARKS.						
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?														10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?						
4. ARE ANY VEHICLES LEASED TO OTHERS?														11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?						
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?														12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?						
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?														13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?						
DESCRIPTION OF GARAGE/STORAGE LOCATIONS												MAXIMUM DOLLAR VALUE SUBJECT TO LOSS								
REMARKS																				

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)																				
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.																				
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:												SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS,								
												SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR								
												REJECTING COVERAGE ENTIRELY.								
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.												1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP			_____			(APPLICANT'S SIGNATURE)		
												2. I REJECT UM BODILY INJURY COVERAGE			_____			(APPLICANT'S SIGNATURE)		
												3. I REJECT UIM BODILY INJURY COVERAGE			_____			(APPLICANT'S SIGNATURE)		
												4. I REJECT UM PROPERTY DAMAGE COVERAGE			_____			(APPLICANT'S SIGNATURE)		
												5. I REJECT UIM PROPERTY DAMAGE COVERAGE			_____			(APPLICANT'S SIGNATURE)		