

ACORD® TRUCKERS 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

TERRITORY/ZONE	REGULATION									
	<table border="1"> <tr> <td>COMMON CARRIER</td> <td>STATE/FEDERAL FILINGS</td> <td>DOCKET #:</td> </tr> <tr> <td>CONTRACT CARRIER</td> <td></td> <td>ICC FILING REQUIRED</td> </tr> <tr> <td>PRIVATE CARRIER</td> <td></td> <td>DOCKET #:</td> </tr> </table>	COMMON CARRIER	STATE/FEDERAL FILINGS	DOCKET #:	CONTRACT CARRIER		ICC FILING REQUIRED	PRIVATE CARRIER		DOCKET #:
COMMON CARRIER	STATE/FEDERAL FILINGS	DOCKET #:								
CONTRACT CARRIER		ICC FILING REQUIRED								
PRIVATE CARRIER		DOCKET #:								

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
			CSL	BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			DEDUCTIBLE	
LIABILITY	41	46		\$	COMPREHENSIVE	42	46				
	42	47		\$		43	47				
	43	50		\$							
PERSONAL INJURY PROTECTION	44		OR EQUIVALENT NO-FAULT COVERAGE \$		SPECIFIED CAUSES OF LOSS	42	46	SCL	FT	LSP	
	46		DEDUCTIBLE \$			43	47	F	FTW		
ADDITIONAL P.I.P.	44		TOTAL	W/C \$	COLLISION	42	46				
	46		\$	M/E \$		43	47				
MEDICAL PAYMENTS	42	46	EACH PERSON \$		TOWING & LABOR	46					
	43										
UNINSURED MOTORIST	42	46	CSL	BI EA PER \$	TRAILER INTERCHANGE						
	43			\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45			\$	COMPREHENSIVE	48					
UNDERINSURED MOTORIST	42	46	CSL	BI EA PER \$		49					
	43			\$	SPECIFIED CAUSES OF LOSS	48					
	45			\$		49					
NON-TRUCKERS HIRED/BORROWED	STATES		COST OF HIRE	IF ANY BASIS	COLLISION	48					
			\$			49					
HIRED/BORROWED LIABILITY	STATES		COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE		
			\$							COMP	\$
										SPEC C OF L	\$
NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE	NUMBER OF						COLL	\$
			EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER					OTHER				COVERAGE IS:	PRIMARY	SECONDARY

ENDORSEMENTS

COVERED AUTO SYMBOLS
 (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY
 (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY

RECEIPTS	PRINCIPAL SHIPPERS
GROSS RECEIPTS	
PAST 12 MONTHS	ESTIMATED NEXT 12 MONTHS
\$	\$

TERMINALS			
#	NAME AND ADDRESS OF TERMINALS	# VEH	DIST FROM GARAGE

EQUIPMENT (Attach vehicle schedule ACORD 129 for owned units)								
VEHICLE TYPE	PER VEHICLE TYPE ENTER THE "NUMBER OF" WITHIN EACH CATEGORY							PROPERTY HAULED (Per vehicle type)
	COMPANY OWNED	NON OWNED	LONG TERM LEASE	TRIP LEASE	RADIUS (MILES)			
					0-50	50-200	OVER 200	
TRUCKS								
TRACTORS								
SEMI-TRAILERS								
FULL TRAILERS								
TANK SEMI-TRAILERS								
TANK TRAILERS								
REFRIGERATED TRAILERS								
SERVICE TRUCKS								
PRIVATE PASSENGER AUTOS								
TOTAL VEHICLES								

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:
LOSS PAYEE					BUILDING:
MORTGAGEE					VEHICLE:
LIENHOLDER					BOAT:
EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
ITEM DESCRIPTION:					OTHER

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			8. DO DRIVERS RECEIVE REGULAR PHYSICALS?		
2. DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS?			9. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?		
3. DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?			10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH/WITHOUT OPERATORS?		
4. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			11. DOES APPLICANT HAUL FOR OTHER TRUCKERS?		
5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?			12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Percentage of total number of vehicles so operated)		
6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO?			13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?		
7. DOES APPLICANT HAUL TARGET COMMODITIES (ie: stereos, televisions, pharmaceuticals, liquor, meat, seafood, etc)			14. ARE DRIVERS COMPENSATED PER TRIP?		
REMARKS			15. ANY HOLD HARMLESS AGREEMENTS?		

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:	<input type="checkbox"/> SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, <input type="checkbox"/> SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR <input type="checkbox"/> 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)