

PRODUCER

APPLICANT (First Named Insured)

COVERAGES/LIMITS

Table with 6 columns: COVERAGES, COVERED AUTO SYMBOLS, LIMITS OF LIABILITY, COVERAGES, COVERED AUTO SYMBOLS, LIMITS OF LIABILITY. Includes sections for GARAGE OPERATIONS, MEDICAL PAYMENTS, UNINSURED MOTORIST, and UNDERINSURED MOTORIST.

Table with 5 columns: PHYSICAL DAMAGE, LOC #, ENTER THE LIMIT FOR EACH LOCATION, DEDUCTIBLE PER AUTO, MAXIMUM DED PER LOSS. Includes sections for COMP SPECIFIED PERILS, COLLISION, and OTHER.

Table with 5 columns: GARAGE KEEPERS, LOC #, ENTER THE LIMIT FOR EACH LOCATION, # OF AUTOS, DEDUCTIBLE PER AUTO, MAXIMUM DED PER LOSS. Includes sections for LEGAL LIABILITY, DIRECT BASIS, and OTHER.

Table with 6 columns: PHYSICAL DAMAGE REPORTING PERIOD, # DEALER/REPAIRER PLATES, # TRANS-PORTATION PLATES, # HOISTS, TEMPORARY LOCATION LIMIT, TRANSIT LIMIT.

Table with 4 columns: COVERED AUTO SYMBOLS, (24) OWNED AUTOS OTHER THAN PRIV PASS, (28) HIRED AUTOS ONLY, (32) COMPANY USE. Includes sub-items (21) through (31).

ENDORSEMENTS/REMARKS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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.

Table with 4 columns: APPLICANT'S SIGNATURE, DATE, PRODUCER'S SIGNATURE.