	COR	<u> </u>	USI	NESS A	UT		SEC	TI	10	1							DATE		
		HONE /C, No, Ext):				- (APPLICAN First lamed nsured)												
							EFFECTIV	VE DA	TE	EXPIRAT	ION DAT	ГЕ	DIRECT BILL AGENCY BILL		PAYMENT F	PLAN		AUDI	iΤ
CODE	 E;		SUB	CODE:			OR OMPANY ISE ONLY		·			·					·		
AGEN	NCY FOMER ID:																		
CO	VERAGES	LIMITS	LICE	ACORD 137 FC	D VOI	ID C	TATE	TOF	DO)	/IDE C	OVE	3 A C E	C/LIMITO INEC	NDMAT!	ON				
DRI	VER INFO	RMATION	USL	ACORD 163							OVL	NAGL	.S/LIIVII I S IIVI (MINIALI	ON				
			MILYMEN	MBERS THAT WILL DR							HO DRIV	E OWN	VEHICLES ON COMP.	ANY BUSIN	ESS.				
DRIVE #	R	NAME (Ins	clude addı	ress, if required)	SEX	MAR	DAT	E OF E	BIRTH	YRS EXP	YEAR LIC	DRIV	ERS LICENSE NUMBE AL SECURITY NUMBI	R/ STAT	E DATI	DOC	USE VEH#	u	% JSE
					_														
GEN	NEDAL INI	FORMATIO	N .																
		" RESPONSES						YES	No	EXPLAIN.	ALL "YE	S" RESI	PONSES					/ES	NO
1. WI	TH THE EXCE	PTION OF ENCL	JMBRANC	ES, ARE ANY VEHICLI	SNOTS	OLELY	,			8. ANY H	OLD HA	RMLES	S AGREEMENTS?						
		REGISTERED T								9. ANY V	EHICLE	S USED	BY FAMILY MEMBER	S? IF SO, II	DENTIFYIN	REMARKS.			
2. DO	OVER 50% C	F THE EMPLOY	EES USE	THEIR AUTOS IN THE	BUSINES	s?				10. DOES	THE AP	PLICAN	T OBTAIN MVR VERIF	CATIONS	>				
				GRAM IN OPERATION	!?								T HAVE A SPECIFIC D						
		LES LEASED TO											OT COVERED BY WO						
				RED OR HAVE SPECIA	LEQUIP	JENT?							ED BUT NOT SCHEDU MOVING TRAFFIC VIO		IS APPLICA	TION?			
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		GARAGE/STOR								10.111.011	<u></u>		es veriligaes.	MAXIM	JM DOLLAF	R VALUE SU	BJECTT	o Los	38
ADI	DITIONAL	INTEREST/	CERTII	FICATE RECIPIE	ENT		ACC	DRD	45 at	tached	for ac	ditio	nal names						
INTE	REST	RANK:	NAME	AND ADDRESS RI	FERENC	E#:						CER	TIFICATE REQUIRED		INTERES	T IN ITEM N	IUMBER		
	ADDITIONAL	INSURED												LOCAT	ION:	BUIL	.DING:		
	LOSS PAYE	E												VEHICL	E:	BOA	T:		
	MORTGAGE	E													ULED ITEM	NUMBER:			
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REN	MARKS		, <i>D</i>																
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	15 N	MILES +		FARM	SE	ERVICE		NO- FAULT	UNINS MOTOR	SPEC	FTW	COLL	\$			ŝ		COLL	\$
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ZIP W GARA DRIVE	HERI GED TO VISCI < 15	HOOL MILES		PLEASURE FARM	RE	ETAIL	COVE	STATE CK ERAGES LIAB NO-	ADD'LN FAULT MED P/ UNINS	GVW/GCW NO- UNDRINS MOTOR TOWNIG & LABOR SPEC C OF L	F FT	LSP	SIC DEDUC	TIBLES	ST AM	SEAT CI		SPEC C OF L	MISC DR/CR: TOTAL PREM
ZIP W GARA DRIVE WORK	HERI GED TO VISCI < 15	HOOL MILES	USE	PLEASURE FARM	RE	ETAIL	COVE	STATE CK ERAGES LIAB NO- FAULT	ADD'LN FAULT MED P/ UNINS MOTOR	GVW/GCW NO- UNDRINS MOTOR TOWNIG & LABOR SPEC SPEC C OF L Y	F FT	LSP	SIC DEDUC	TIBLES	CTOR AC	SEAT CI	COMP	SPEC C OF L	MISC DR/CR: TOTAL PREM
ZIP W GARA DRIVE WORK	HERI GED TO VISCI < 15 15 M #	HOOL MILES MILES + YEAR	USE	PLEASURE FARM	RE	ETAIL	COVE	STATE CK ERAGES LIAB NO-	ADD'LN FAULT MED P/ UNINS MOTOR BOD TYPE	GVW/GCW NO- UNDRINS MOTOR TOWNIG & LABOR SPEC SPEC C OF L Y	F FT	LSP COMP	SIC DEDUC	FA STIBLES	ST AM	SEAT CI	COMP SYM/AGE	SPEC C OF L	MISC DR/CR: TOTAL PREM
ZIP W GARA DRIVE WORK	HERI GED TO VISCI < 15 15 M # STA	HOOL MILES MILES + YEAR	USE	PLEASURE FARM	RE	ETAIL	COVE	STATE CK ERAGES LIAB NO- FAULT	ADD'LT FAULT MED P/ UNINS MOTOF BOD TYPE	GVW/GCW NO- UNDRINS MOTOR TOWNG AV & LABOR SPEC C OF L Y ::	F FTW	LSP COMP	SIC DEDUC	FA STIBLES	ST AM	SEAT CI	COMP SYM/AGE	SPEC C OF L	MISC DRICR: TOTAL PREM \$ COST NEW
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ZIP W GARA DRIVE WORI VEH CITY, ZIP W GARA DRIVE	HERI GED TO K/SCI < 15 15 M # STA HERI GED < 15	HOOL MILES + YEAR TE, HOOL MILES	MAH	PLEASURE FARM KE: DEL: PLEASURE	RE SE	ETAIL ERVICE	CHEC	STATE CK ERAGES LIAB NO- FAULT LIC STATE CK ERAGES LIAB NO-	ADD'L I FAULT MED P/ UNINS MOTOR BOD TYPE V.I.N	GVW/GCW NO- UNDRINS MOTOR TOWING & LABOR SPEC COFL Y :: GVW/GCW NO- UNDRINS MOTOR TOWING & LABOR SPEC SPEC SPW/GCW	F FT CLAS:	LSP COMP COLL S	SIC DEDUC A. \$ PP SIC DEDUC A.	VEHICL S	AC ST AM ETYPE PEC CTOR	SEAT CI	SYM/AGE P RADIUS	SPEC COLL SPEC SPEC COF L	MISC DRICR: TOTAL PREM \$ COST NEW ARTHEST TERM MISC DRICR: TOTAL PREM
ZIP W GARA DRIVE WORI VEH CITY, ZIP W GARA DRIVE WORI	HERI GED TO K/SCI < 15 15 M # STA ⁺ HERI GED < 15 15 M	HOOL MILES + YEAR TE, HOOL MILES + HOOL MILES +	MAR MOD	PLEASURE FARM KE: DEL: PLEASURE FARM	RE SE	ETAIL ERVICE	CHEC	STATE K RAGES LIAB NO- FAULT LIC STATE K RAGES LIAB	ADD'LN FAULT MED PAULT VININS TERR ADD'LN FAULT MED PAULT MED PAULT MED PAUNINS MOTOR	GVWIGCW NO- UNDRINS MOTOR TOWNG & LABOR SPEC COFL Y GVWIGCW NO- UNDRINS MOTOR TOWNG & LABOR SPEC COFL Y COPT SPEC COPT SPEC COPT SPEC COPT COPT COPT COPT COPT COPT COPT COP	F FT CLAS:	LSP COMP COLL	SIC DEDUC A. \$ PP SIC DEDUC A.	VEHICL S FA	ST AM E TYPE CTOR AC ST AM	SEAT CI	SYM/AGE P RADIUS	SPEC COLL \$ SPEC	MISC DRICR: TOTAL PREM \$ COST NEW ARTHEST TERM MISC DRICR: TOTAL PREM \$
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ZIP W GARA DRIVE WORL CITY, ZIP W GARA DRIVE WORL CITY, ZIP W GARA GARA GARA GARA GARA GARA GARA GA	HERRINGED * 15 M # STA** STA** * 15 M #	HOOL MILES TE, E HOOL MILES HOOL MILES HOOL MILES HOOL MILES	MAH MOI	PLEASURE FARM CE: PLEASURE FARM CE: PLEASURE FARM CE: PLEASURE	CC RE	ETAIL ERVICE OMM'L ETAIL ERVICE	CHECOVE	STATE KRAGES LIAB NO- FAULT LIC STATE KRAGES LIAB NO- FAULT LIC STATE KRAGES LIAB NO- FAULT	ADD'LN FAULT MED P/ UNINS MOTOR BOD TYPE ADD'LN FAULT MED P/ UNINS MOTOR BOD TYPE V.J.N TERR ADD'LN FAULT MED P/ UNINS MOTOR BOD TYPE V.J.N TERR	GVW/GCW NO- UNDRINS MOTOR TOWING LABOR SPEC COFL Y :: GVW/GCW NO- UNDRINS MOTOR TOWING LABOR SPEC COFL Y :: GVW/GCW	F FT CLASS	LSP COMP COLL S LSP COMP COLL S COMP	SIC DEDUC A. \$ PP SIC DEDUC \$ DEDUC A. A.	VEHICL STIBLES VEHICL STIBLES FA	ST AM E TYPE CTOR ST AM E TYPE CTOR CTOR	SEAT CI	SYM/AGE P RADIUS SYM/AGE P RADIUS	SPEC C OF L SPEC C OF L SPEC C OF L	MISC DR/CR: TOTAL PREM \$ COST NEW ARTHEST TERM MISC DR/CR: TOTAL PREM \$ COST NEW ARTHEST TERM MISC DR/CR: TOTAL PREM MISC DR/CR: TOTAL PREM
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ZIP W GARA GARA WORI VEH CITY, ZIP W WORI VEH CITY, ZIP W WORI VEH DRIVE WORI	HERRICAL STATE STATE HERRICAL STATE	HOOL MILES + YEAR TE, E HOOL MILES + YEAR TE, E HOOL MILES + HOOL MILES +	MAH MOI	PLEASURE FARM KE: DEL: PLEASURE FARM KE: DEL:	CC RE	ETAIL ERVICE OMM'L ETAIL ERVICE	CHECOVE	STATE IX RAGES LIAB NO- FAULT LIC STATE IX STATE IX RAGES LIAB NO- FAULT LIC STATE IX RAGES LIAB NO- FAULT	ADD'L N FAULT MED P/ UNINS MOTOF BOD TYPE ADD'L N FAULT MED P/ UNINS MOTOF BOD TYPE V.J.N TERR ADD'L N FAULT MED P/ UNINS MOTOF BOD TYPE V.J.N TERR	GVW/GCW NO- UNDRINS MOTOR TOWNG & LABOR SPEC COFL Y :: GVW/GCW NO- UNDRINS MOTOR TOWNG SPEC COFL Y :: GVW/GCW NO- UNDRINS MOTOR TOWNG SPEC COFL Y :: GVW/GCW	F FT CLASS	LSP COMP COLL S LSP COMP COLL S COMP	\$ PP SIC DEDUC	VEHICL STIBLES VEHICL STIBLES VEHICL VEHICL VEHICL VEHICL	ST AM ETYPE CTOR ST AM ETYPE CTOR ST AM ST AM	SEAT CI	SYM/AGE P RADIUS SYM/AGE P RADIUS COMP COMP	SPEC C OF L SPEC C OF L SPEC C OF L	MISC DR/CR: TOTAL PREM \$ COST NEW ARTHEST TERM MISC DR/CR: TOTAL PREM \$ COST NEW ARTHEST TERM MISC DR/CR: TOTAL PREM MISC DR/CR: TOTAL PREM
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CALIFORNIA COMMERCIAL AUTO DATE (MM/DD/YYYY) **COVERAGES/LIMITS SECTION** APPLICANT (First Named Insured) **BUSINESS AUTO SECTION** COVERED AUTO SYMBOLS COVERAGES LIMITS COVERAGES COVERED AUTO SYMBOLS LIMITS BI EAPER \$ CSL LIABILITY 2 BI EACH ACCIDENT PROPERTY DAMAGE \$ 3 8 PHYSICAL DAMAGE 3 TOWING \$ & LABOR 7 2 8 COMP / OTC 3 2 8 2 4 4 MEDICAL SPECIFIED EACH PERSON \$ **PAYMENTS** CAUSES OF LOSS 3 BI EAPER \$ 2 ŝ CSL COLLISION 2 4 UNINSURED WAIVER OF DEDUCTIBLE 3 7 BI EACH ACCIDENT 3 MOTORIST PROPERTY DAMAGE STATES # DAYS # VEH COVERAGE/DEDUCTIBLE YES STATES COST OF HIRE IF ANY BASIS HIRED/BORROWED LIABILITY NO COMP \$ SPEC C OF L YES STATES HIRED **GROUP TYPE** NUMBER OF \$ PHYSICAL NO **EMPLOYEES** COLL DAMAGE NON-OWNED LIABILITY VOLUNTEERS **PARTNERS** COVERAGE IS: PRIMARY SECONDARY (7) AUTOS SPECIFIED ON SCHEDULE COVERED AUTO SYMBOLS (1) ANY AUTO (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (2) ALL OWNED AUTOS (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (8) HIRED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (9) NON-OWNED AUTOS **ENDORSEMENTS / REMARKS**

TRUCKERS SECTION COVERED AUTO SYMBOLS COVERAGES LIMITS PHYSICAL DAMAGE COVERED AUTO SYMBOLS BI EAPER \$ CSL COVERAGES LIMITS DEDUCTIBLE 47 BI EACH ACCIDENT LIABILITY 42 42 \$ 46 COMP / OTC 43 PROPERTY DAMAGE 50 43 47 42 46 SCL FΤ LSP SPECIFIED CAUSES OF LOSS 43 47 F FTW COLLISION 42 46 47 43 42 46 46 MEDICAL PAYMENTS TOWING EACH PERSON \$ & LABOR 43 42 TRAILER INTERCHANGE # TRAILERS FARTH ZONE # DAYS UNINSURED COVERAGES SYMBOL RADIUS DEDUCTIBLE 43 BI EACH ACCIDENT \$ MOTORIST 45 PROPERTY DAMAGE COMP / OTC 49 48 SPECIFIED CAUSES OF LOSS 49 STATES YES COST OF HIRE IF ANY BASIS COLLISION 48 NON-TRUCKERS \$ WAIVER OF DEDUCTIBLE HIRED/BORROWED NΟ 49 TRUCKERS # DAYS YES STATES COST OF HIRE STATES # VFH IF ANY BASIS HIRED/BORROWED NO LIABILITY YES STATES HIRED **GROUP TYPE** NUMBER OF PHYSICAL NO NON-OWNED **EMPLOYEES** DAMAGE AUTO LIABILITY VOLUNTEERS PARTNERS COVERAGE IS: PRIMARY SECONDARY OTHER 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 ONLY (43) OWNED COMMERCIAL AUTOS ONLY COMPULSORY UNINSURED (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT INTERCHANGE AGREEMENT MOTORIST LAW (50) NON-DWNED AUTOS ONLY **ENDORSEMENTS / REMARKS**

MOTOR CARRIER SECTION COVERED AUTO SYMBOLS LIMITS COVERAGES PHYSICAL DAMAGE COVERED BI EAPER \$ CSL COVERAGES LIMITS DEDUCTIBLE AUTO SYMBOLS 62 **68** BLEACH ACCIDENT ŝ <u> 62</u> ô7 LIABILITY COMP / OTC 63 PROPERTY DAMAGE 63 68 34 54 SCL FT LSF 62 SPECIFIED 63 68 F FTW \$ CAUSES OF LOSS 54 <u> 6</u>7 62 COLLISION 63 68 \$ WAIVER OF 54 DEDUCTIBLE **32** 33 54 MEDICAL TOWING EACH PERSON £ \$ **PAYMENTS** & LABOR 63 ŝ7 ŝ7 BI EA PER 52 66 CSL \$ TRAILER INTERCHANGE UNINSURED # TRAILERS FARTH # DAYS 63 67 BLEACH ACCIDENT COVERAGES SYMBOL **DEDUCTIBLE** MOTORIST <u>34</u> PROPERTY DAMAGE 69 COMP / OTC 70 **6**9 SPECIFIED CAUSES DE LOSS 70 STATES YES COST OF HIRE IF ANY BASIS COLLISION 59 NON-TRUCKERS \$ HIRED/BORROWED No 70 TRUCKERS YES STATES # DAYS # VEH STATES COST OF HIRE IF ANY BASIS HIRED/BORROWED LIABILITY ОΝ YES STATES HIRED **GROUP TYPE** NUMBER OF PHYSICAL NΟ NON-OWNED **EMPLOYEES** DAMAGE VOLUNTEERS LIABILITY **PARTNERS** COVERAGE IS: PRIMARY SECONDARY OTHER OTHER COVERED AUTO SYMBOLS (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF (61) ANY AUTO (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPUL-(68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (62) OWNED AUTOS ONLY TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (63) OWNED PRIVATE PASS AUTOS ONLY SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY **ENDORSEMENTS / REMARKS** 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. 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. IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS. I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OF REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA. IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION. 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