

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
LIABILITY	41	47	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42	47	\$			
	42	50	BI EACH ACCIDENT \$		43					
	43		PROPERTY DAMAGE \$		46					
	46									
			SPECIFIED CAUSES OF LOSS	42	47	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$			
				43		<input type="checkbox"/> F <input type="checkbox"/> FTW				
				46						
MEDICAL PAYMENTS	42	46	EACH PERSON \$	COLLISION	42	47	\$			
	43				43					
					46					
UNINSURED MOT	42	46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	46		\$			
STACKED	43		BI EACH ACCIDENT \$							
NON-STKD	45									
UNDERINS MOT	42	46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
STACKED	43		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-STKD	45			COMP / OTC	48					
					49					
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	48					
	NO				49					
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	48					\$
	NO				49					
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	TRAILER VALUE	\$					
	NO		NUMBER OF	STATES	# DAYS	# VEH				
			EMPLOYEES							
			VOLUNTEERS							
			PARTNERS							
OTHER				HIRED PHYSICAL DAMAGE						
				COVERAGE IS:		PRIMARY		SECONDARY		
				OTHER						

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

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED (UM) AND UNDERINSURED (UIM) MOTORIST OPTIONS:
 1) STACKED UM AND UIM COVERAGE 2) NON-STACKED UM AND UIM COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS
 I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE REJECTED UM OR UIM, OR SELECTED OPTION 1, THEN I AND ALL OTHER NAMED INSUREDS ON MY POLICY, HAVE ALSO SIGNED THE IOWA AUTO SUPPLEMENT.

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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE	
	62	68	BI EACH ACCIDENT \$		COMP / OTC	62	67			
	63	71	PROPERTY DAMAGE \$			63	68			
	64					64				
			SPECIFIED CAUSES OF LOSS	62		67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP		\$	
				63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
				64						
			COLLISION	62	67		\$			
				63	68					
				64						
MEDICAL PAYMENTS	62 <input type="checkbox"/> 63 <input type="checkbox"/>	64 <input type="checkbox"/> 67 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/> 67 <input type="checkbox"/>	\$				
UNINSURED MOT	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		TRAILER INTERCHANGE					
STACKED	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-STKD	64 <input type="checkbox"/>			COMP / OTC	69					
UNDERINS MOT	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$			70				
STACKED	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69					
NON-STKD	64 <input type="checkbox"/>					70				
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69					\$
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$			70				
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	GROUP TYPE	TRAILER VALUE \$		HIRED PHYSICAL DAMAGE	# DAYS	# VEH		
			EMPLOYEES	STATES						
			VOLUNTEERS							
			PARTNERS							
OTHER				COVERAGE IS:			PRIMARY		SECONDARY	
				OTHER						

COVERED AUTO SYMBOLS
 (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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