

**BUSINESS AUTO SECTION** 

COVERED AUTO SYMBOLS

1

2

3

2

3

2

3

4

YES

NO

YES

NO

(2) OWNED AUTOS ONLY

(1) ANY AUTO

4

7

8

4

7

6

7

STATES

STATES

(3) OWNED PRIVATE PASSENGER AUTOS ONLY

9

8

9

# AGENCY CUSTOMER ID:

COVERAGES

TOWING

& LABOR

COMP / OTC

SPECIFIED

COLLISION

HIRED

PHYSICAL DAMAGE

CAUSES OF LOSS

COVERED AUTO SYMBOLS

3

7 2

3

2

3

2

3

# DAYS

COVERAGE IS:

STATES

PHYSICAL DAMAGE

4

7

4

7

4

7

\$

8

8

8

# VEH

<b>NEW HAMPSHIRE COMMERCIAL</b>	AUTO
<b>COVERAGES / LIMITS SECTION</b>	

EFFECTIVE DATE

LIMITS

\$

\$

\$

\$

\$

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

IF ANY BASIS

(5) OWNED AUTOS SUBJECT TO NO-FAULT

NUMBER OF

(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY

(6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW

BI EAPER \$

BI EAPER \$

CSL

EACH PERSON

CSL

COST OF HIRE

GROUP TYPE

DATE

EMPLOYEES

VOLUNTEERS PARTNERS

**BI EACH ACCIDENT** 

PROPERTY DAMAGE

**BI EACH ACCIDENT** 

PROPERTY DAMAGE

DATE (MM/DD/YYYY)

LIMITS

COVERAGE / DEDUCTIBLE

\$

\$

\$

NATIONAL PRODUCER NUMBER

SECONDARY

COMP

SPEC C OF L

COLL

(7) SPECIFICALLY DESCRIBED AUTOS

PRIMARY

(8) HIRED AUTOS ONLY

(9) NON-OWNED AUTOS ONLY

NAIC CODE

AGENC

LIABILITY

MEDICAL

PAYMENTS

UNINSURED

MOTORIST

HIRED / BORROWED LIABILITY

NON-OWNED LIABILITY

COVERED

SYMBOLS

AUTO

POLICY NUMBER

COVERAGES

NAMED INSURED(S)

CARRIER

SIGNATURE
I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE UM LIMIT(S) SHOWN IN THIS APPLICATION.
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.

ACORD	137	NH	(2018/05)

APPLICANT'S SIGNATURE

SIGNATURE

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Attach to ACORD 127 and/or 132

PRODUCER'S SIGNATURE

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## AGENCY CUSTOMER ID:

TRUCKERS SEC				0								
COVERAGES	COVERED AUTO SYMBOLS	LIMITS						YSICA	L DAMAG	E		
	41 46	CSL BI EA PER \$	COVERAG	GES	AL	COVE	RED MBOI	LS		LIMITS		DEDUCTIBLE
LIABILITY	42 47	BI EACH ACCIDENT \$				42		47				
	43 50	PROPERTY DAMAGE \$	COMP / OTC			43						\$
						46						
						42		47	SCL	FT	LSP	
			SPECIFIED CAUSES OF	LOSS		43		1 [	F	FTW	1	\$
						46		' [				
MEDICAL	42 46					42		47				
PAYMENTS	43	EACH PERSON \$	COLLISION			43						\$
	42 46	CSL BI EA PER \$				46		'				
UNINSURED	43	BI EACH ACCIDENT \$	TOMING			46						
MOTORIST	45	PROPERTY DAMAGE \$	TOWING & LABOR						\$			
							TRAIL	ER IN	TERCHAN	IGE		
			COVERAG	GES	SY						RADIUS	DEDUCTIBLE
			OUVERA	520		48	# 113		ZUNE	# DATO	KADIOO	DEDUCTIBLE
	YES STATES	COST OF HIRE IF ANY BASIS	COMP / OTC			40 49						
NON-TRUCKERS HIRED / BORROWED	NO											
TRUCKERS	YES STATES	\$	SPECIFIED CAUSES OF	1055		48						
HIRED / BORROWED LIABILITY		COST OF HIRE IF ANY BASIS	0.00020 01	2000	-	49						
	YES STATES	\$	COLLISION			48						\$
	NO	GROUP TYPE NUMBER OF	TRAILER VA		\$	49					L	
NON-OWNED AUTO		EMPLOYEES			TES	# D	AYS	#	VEH			
LIABILITY		VOLUNTEERS		017	1LO	#0	710		VEII			
		PARTNERS										
OTHER			HIRED PHYSICAL									
			DAMAGE									
					_ CO\	/ERAG	E IS:		F	PRIMARY	S	ECONDARY
			OTHER									
COVERED AUTO SYME	()		IFICALLY DES		D AUT	OS						SESSION OF
(41) ANY AUTO (42) OWNED AUTOS O	NLY		D AUTOS ONL ERS IN YOUR		ESSIO		ER			R TRUCKE		A TRAILER
(43) OWNED COMMER		MOTORIST LAW A TRA	AILER INTERC	HANGE	AGRE	EEMEN	Т	. ,		NED AUTO	SONLY	
ENDORSEMENT	S / REMARKS (ACOR	D 101, Additional Remarks Schedule, ma	y be attac	hed if	mo	re spa	ace	is re	quired	)		
SIGNATURE												
	THAT UNINSURED MOTO	DRISTS (UM) COVERAGE HAS BEEN EXPLAINE	ED TO ME. A	ANDI	HAVE	BEE	N OF	FER	ED THE	OPTION	OF SEL	ECTING UM
LIMITS EQUAL TO	MY LIABILITY LIMITS. 1 H	IAVE SELECTED THE UM LIMIT(S) SHOWN IN T	HIS APPLIC	ATION	Ι.							
		LECTION AND LIMIT CHOICES INDICATED HER SES UNLESS I NOTIFY YOU OTHERWISE IN WR		Y STA	IE S	UPPLI	EME	NT W	ILL APF	'LY TO A	LL FUTU	RE POLICY

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

#### AGENCY CUSTOMER ID:

MOTOR CARRIE	R S	EC	TIOI	N										·						
COVERAGES	co	VERE	D AU	TO SYMBOLS	;			IMITS										ε		
		61		67		CSL	BI EA PER	\$ \$			COVERAG	GES	A	COVE	RED	LS		LIMITS		DEDUCTIBLE
		62		68	BIE			\$						62		67				
LIABILITY		63		71		OPERTY DA		\$			COMP / OTC			63		68				\$
		64				51 2111 271		Ŷ						64						Ť
		04												-	-	07	0.01	ET.	LSP	
											SPECIFIED			62	-	67	SCL	FT		
											CAUSES OF	LOSS		63	-	68	F	FT\	V	\$
					_									64	-					
														62		67				
											COLLISION			63		68				\$
		_												64						
MEDICAL		62		64							TOWING			63						
PAYMENTS		63		67	EAG	CH PERSON		\$			& LABOR			67		'	\$			
		62		66		CSL	BI EA PER	s \$							TRAII	FR IN	TERCHAI	NGF		
UNINSURED		1									COVERAG	256	ev	MBOL			s FARTH		RADIUS	DEDUCTIBLE
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		64			PRO	OPERTY DA	MAGE	\$			COMP / OTC			69						
														70						
											SPECIFIED			69						
											CAUSES OF	LOSS		70						
NON-TRUCKERS		YES	3	STATES	co	ST OF HIRE		1	IF ANY BA	SIS	0011101011			69						
HIRED / BORROWED		NO			\$		_				COLLISION			70						\$
TRUCKERS		YES	6	STATES	со	ST OF HIRE		1	IF ANY BA	SIS	TRAILER VAI	LUE	\$							
HIRED / BORROWED		NO			\$		L					STA	TES	# C	DAYS	#	VEH			
		YES	3	STATES	-	OUP TYPE			NILIA	MBER OF										
NON-OWNED		NO			GR	1		Г	NUN		HIRED									
AUTO						EMPLOYE		ł			PHYSICAL									
LIABILITY						VOLUNTE	ERS	-			DAMAGE									
						PARTNER	S													
OTHER													CO	VERAG	E IS:		F	PRIMARY	s	ECONDARY
											OTHER									
COVERED AUTO SYME	BOLS			(6	4) OWI	NED COMM	RCIAL AL	ITOS	ONLY	(67) SPE(	CIFICALLY DES	CRIBE	דע כ	ros		(70)			THE POS	SESSION OF
(61) ANY AUTO				(6	5) OWI	NED AUTOS	SUBJECT	Γ ΤΟ Ν	O-FAULT	(68) HIRE	D AUTOS ONL'	Y					ANOTHE	R TRUCKE	R UNDER	A TRAILER
(62) OWNED AUTOS O (63) OWNED PRIVATE		SAUT	- 05 C			NED AUTOS					LERS IN YOUR AILER INTERCI							IANGE AG NED AUTO		
ENDORSEMENT																. ,				
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SIGNATURE	<b></b> ···	. <del>.</del> .					00:15=						1.4.1					0577	05.6=	
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I UNDERSTAND T												Y STA	TE S	SUPPL	EME	NT W	ILL APF	PLY TO A	LL FUTU	RE POLICY
RENEWALS, CON	TINU	JATI	ONS	AND CHAN	IGES	UNLESS I	NOTIFY	YOU	J OTHER	WISE IN WF	RITING.									
APPLICANT'S SIGNATU	JRE						DATE			PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER

# STATEMENT OF RESIDENCY INCLUDING APPLICABLE EXEMPTIONS

- (a) A resident is a person who maintains his or her true, fixed and permanent residence within the State of New Hampshire, does not claim residency in any other state for any purpose and who has, through all of his or her actions, demonstrated a current intent to designate that the permanent residence is his or her principal place of physical presence for the indefinite future to the exclusion of all others; or
- (b) A resident is a person who has previously met the conditions of (a) above and who now maintains a permanent residence in New Hampshire for the entire year and has actually spent more than 183 days in New Hampshire during the previous calendar year; or
- A resident is a person who is without a permanent street address due to homelessness, or, a person who is (c) temporarily without a permanent street address due to traveling outside of the state of New Hampshire in a recreational vehicle for a period not to exceed 2 years, and who has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c.
- (d) Exemption from residency may be claimed if:
  - (1) The motor vehicle to be insured is garaged exclusively in New Hampshire; or
  - (2) The individual is on active duty in the military service of the United States and claims New Hampshire as their legal state of residence; or
  - The individual is on active duty in the military service of the United States, currently stationed in New (3) Hampshire, and all vehicles to be insured on this policy are currently garaged in New Hampshire.
- (e) I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, or if I claim for myself or any named insured to be entitled to exemption hereunder, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying.
- (f) I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed in (d) above if I fail to do so.
- (g) I/we, the applicant(s), has/have read the above and understand the penalties that may apply if I/we falsely claim to be a New Hampshire resident, or if we claim to be entitled to exemption hereunder.

### **CHECK ONE:**

I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire as defined in (a) and (b) above and that I maintain a permanent residence located at:

		, New Hampshire
City / Town		
or that I, and each named insu or RSA 261:52-c as defined in	-	trate the requirements of RSA 261:52
I hereby claim that I am, and e above.	each named insured is entitled t	o exemption hereunder pursuant to (
gned at:		
City / Town	County	State
City / Town Signature	County	State Date (MM/DD/YYYY)