



AGENCY CUSTOMER ID: _____

**NEW HAMPSHIRE COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

| | | | |
|---------------|----------------|------------------|-----------|
| AGENCY | | NAMED INSURED(S) | |
| POLICY NUMBER | EFFECTIVE DATE | CARRIER | NAIC CODE |

BUSINESS AUTO SECTION

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS | COVERAGES | COVERED AUTO SYMBOLS | LIMITS |
|----------------------------|--|---|--|----------------------|-----------------------|
| LIABILITY | 1 | 4 | 9 | CSL | BI EA PER \$ |
| | 2 | 7 | | | BI EACH ACCIDENT \$ |
| | 3 | 8 | | | PROPERTY DAMAGE \$ |
| | | | PHYSICAL DAMAGE | | |
| | | | TOWING & LABOR | 3 | \$ |
| | | | COMP / OTC | 2 | 4 |
| | | | | 3 | 7 |
| MEDICAL PAYMENTS | 2 | 4 | 8 | | EACH PERSON \$ |
| | | | SPECIFIED CAUSES OF LOSS | 2 | 4 |
| | | | | 3 | 7 |
| UNINSURED MOTORIST | 2 | 6 | | CSL | BI EA PER \$ |
| | 3 | 7 | | | BI EACH ACCIDENT \$ |
| | 4 | | | | PROPERTY DAMAGE \$ |
| HIRED / BORROWED LIABILITY | YES | STATES | COST OF HIRE | | IF ANY BASIS |
| | | NO | \$ | | |
| NON-OWNED LIABILITY | YES | STATES | GROUP TYPE | NUMBER OF | HIRED PHYSICAL DAMAGE |
| | | | EMPLOYEES | | |
| | | | VOLUNTEERS | | |
| | | | PARTNERS | | |
| | | | COVERAGE IS: | PRIMARY | SECONDARY |
| COVERED AUTO SYMBOLS | (1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY | (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW | (7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY | | |

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

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.

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

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 | EACH PERSON \$ | | TOWING & LABOR | 63 <input type="checkbox"/> 67 | | | | \$ | |
| UNINSURED MOTORIST | 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> | 66 <input type="checkbox"/> 67 | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ | TRAILER INTERCHANGE | | | | | | | |
| | | | | COVERAGES | SYMBOL | # TRAILERS | FARTH ZONE | # DAYS | RADIUS | DEDUCTIBLE | |
| | | | | COMP / OTC | 69 | | | | | | |
| | | | | | 70 | | | | | | |
| | | | | SPECIFIED CAUSES OF LOSS | 69 | | | | | | |
| | | | | | 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 \$ | | | | | | | |
| | | | EMPLOYEES | STATES | # DAYS | # VEH | | | | | |
| | | | 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)

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.

| | | | |
|-----------------------|------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER 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
- (c) A resident is a person who is without a permanent street address due to homelessness, or, a person who is 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
 - (3) The individual is on active duty in the military service of the United States, currently stationed in New 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:

 Street Address
 _____, New Hampshire

 City / Town

or that I, and each named insured, has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c as defined in (c) above.

I hereby claim that I am, and each named insured is entitled to exemption hereunder pursuant to (d) above.

Signed at:

 City / Town County State

 Signature Date (MM/DD/YYYY)

 Signature Date (MM/DD/YYYY)