**BUSINESS AUTO SECTION**

### COVERAGES

<table>
<thead>
<tr>
<th>Covered Auto Symbols</th>
<th>Limits</th>
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<tbody>
<tr>
<td>BODILY INJURY LIABILITY</td>
<td>BI EACH PERSON $</td>
</tr>
<tr>
<td>COMPULSORY PERSONAL INJURY PROTECTION</td>
<td>PER PERSON $</td>
</tr>
<tr>
<td>COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY</td>
<td>EACH ACCIDENT $</td>
</tr>
<tr>
<td>OPTIONAL MEDICAL PAYMENTS</td>
<td>EACH PERSON $</td>
</tr>
<tr>
<td>COMPULSORY UNINSURED MOTORIST</td>
<td>CSL BI PER $</td>
</tr>
<tr>
<td>UNDERINSURED MOTORIST</td>
<td>BI EACH ACCIDENT $</td>
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<tr>
<td>OPTIONAL BODILY INJURY TO OTHERS</td>
<td>CSL BI PER $</td>
</tr>
<tr>
<td>OPTIONAL HIRED / BORROWED LIABILITY</td>
<td>YES STATES COST OF HIRE IF ANY BASIS</td>
</tr>
<tr>
<td>OPTIONAL NON-OWNED LIABILITY</td>
<td>GROUP TYPE NUMBER OF</td>
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### COVERED AUTO SYMBOLS

- COVERED AUTO SYMBOLS
  - COVERED AUTO SYMBOLS
  - COVERED AUTO SYMBOLS

### PHYSICAL DAMAGE

- PHYSICAL DAMAGE
  - PHYSICAL DAMAGE

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

### SIGNATURE

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

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 MA (2012/02)**

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## TRUCKERS SECTION

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<thead>
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### 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 LIABILIT
- (46) SPECIFICALLY DESCRIBED AUTOS
- (47) HIRED AUTOS ONLY
- (48) TRAILERS IN YOUR POSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
- (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER
- (50) NON-OWNED AUTOS ONLY

### ENDORSEMENTS / REMARKS

ACORD 137 MA (2012/02)
### CAUSES OF LOSS

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### TRAILER INTERCHANGE

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