RODUCE	PHO (A/C			AG		AINL	וט כ	A (F N	PPLICA First amed asured)	ERS S	SEU	۱۱۱ ر	<u> Ui</u>	N									
									EFFEC	TIVE DATE	EXPIRA	TION DA	ATE		DIRECT BIL	. L	PAYME	NT PLAN		AUDIT			
CODE: SUB CODE:									FOR COMPANY USE ONLY														
GENCY USTOME	R ID:																						
USINE	ESS/VEH	IICLE	STORAG	E INFO	RMA	TION							_										
AUTO SERVICE OPERATIONS OR TRAILER SALES									AUTO DEALERS						VEHICLE STORAGE								
REPAIR SHOP CAR						пос	HISED NON-FRANCHISED %						TYPE O	LO	LOCATION #								
	BILE HOME	TRAILE	R DEALER				TRUCK	-TRA	ACTOR	%								EGGATION #					
SEF	RVICE STAT	ION					МОТОР	RCYC	CLE	%			% BL	JILDIN	lG								
CON	MMERCIAL	TRAILER	R DEALER				RECRE	ATIC	DNAL V	EHICLE		9	6 ST	AND	ARD OPEN	LOT							
STO	DRAGE/GAF	RAGE/PL	JBLIC PARKI	NG			SNOW	МОВ	ILE			9	6 NC	ON-ST	ANDARD O	PEN LOT							
OTH	HER RAGES/L						OTHER	1				9	%										
UTO [DEALER	S OPE	U: ERATOR:		ORD	138 F0	OR YO	UR	STA	TE TO PF	ROVID	E CO	VEF	RAG	ES/LIMI	TS INFORM	ATIO	N					
					ı	BY LOCA	TION NUI	ИВЕ	R	DEFINITIONS	3:												
CLA			RATORS ULAR OPER	ATORS					CLASS I - EMPLOYEES REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GAI OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMP								S; ANY EMPLO	PLOYEE					
EMPLO	DYEES	ALL OTHERS		s						WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OF FURNISHED A COVERED AUTO. ALL OTHERS - ALL OTHER EMPLOYEES CLASS II - NON-EMPLOYEES						on who is							
CLAS	CLASS II UNDER AGE 25							ANY OF TH AUTO: INA			FOLLOW	VING PE	DERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED TORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE ON DESCRIBED IN CLASS I.										
NO EMPLO			ALL OTHERS	s						TH 2. PAI	E NUMB RT-TIME	ER OF W	VEEKS YEES	WOR WOR	RKED ARE 1 KING AN A\	VERAGE OF 20 HO FO BE COUNTED IN VERAGE OF LESS FO BE COUNTED IN	AS 1 RA THAN 2	TING UNIT EA 20 HOURS A V	ACH.				
EALE	RS PHY	SICAL	DAMAG	ìE			Į.								NON-E	EALERS PR	EMIS	ES & OPE	RATION	IS			
CO	VERAGE	N	EW/USED	COV	R INTER ERED A YOU OW	UTOS				NCED INTERESTS			TS IN		LOC #		ESTIMATED ANNUAL REMUNERATION			OYEES			
СОМРІ	REHENSIVE	USED														\$							
SPECIF	FIED PERIL	s -	NEW							1						\$							
			NEW														\$						
CO	LLISION		USED													\$							
RIVEF	RINFOR	MATIC	ON	Α	CORI	ว 163 ส	attache	d fe	or ad	ditional dri	vers												
	DRIVERS, II	NCLUDIN	NG FAMILY N	MEMBERS	THAT W	ILL DRIV				ES, AND EMPL	OYEES					N COMPANY BUS		DATE	LICE	I 0/			
#		NAME (Include address, i			required	d)	:	SEX	MAR STAT	DATE OF E	BIRTH	YRS EXP	YEAF LIC	י נ	SOCIAL SEC	CENSE NUMBER/ CURITY NUMBER	LIC	DATE HIRE	USE VEH#	USE			
+																							
	100 (1/									ETE DEVI										1			

GENERAL INFORMATION

YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
		11. DOES APPLICANT USE TOW TRUCKS?		
		12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?		
		13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS		
		OR OFF PREMISES?		
		14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)		
		15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)		
		16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS?		
		(Mini Marts, Liquor Stores, etc)		
		17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?		
		18. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?		
	YES	YES NO	12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS? 13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES? 14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants) 15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards) 16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc) 17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?	11. DOES APPLICANT USE TOW TRUCKS? 12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS? 13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES? 14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants) 15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards) 16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc) 17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?

10. D	DES APPLICAI	NT DISMANTLE	AUTOS OR HAVE SALVAG	E OPERATION?						
ADE	ITIONAL	INTEREST/C								
INTER	REST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE REQUIRED	N ITEM NUMBER	
	ADDITIONAL	INSURED							LOCATION:	BUILDING:
	LOSS PAYEE								VEHICLE:	BOAT:
	MORTGAGE	<u> </u>							SCHEDULED ITEM NUM	MBER:
	LIENHOLDER	ł							OTHER	
	EMPLOYEE A	S LESSOR								
			ITEM DESCRIPTION:							
INTER	REST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE REQUIRED	INTEREST II	N ITEM NUMBER
	ADDITIONAL	INSURED							LOCATION:	BUILDING:
	LOSS PAYEE								VEHICLE:	BOAT:
	MORTGAGE	<u> </u>							SCHEDULED ITEM NUM	MBER:
	LIENHOLDER	ł							OTHER	
	EMPLOYEE A	AS LESSOR								
	ITEM DESCRIPTION:									

REMARKS

ACORD,		VIF CO\		DA	DATE (MM/DD/YY)											
PRODUCER APPLICANT (First Named Insured)																
COVERAGES/LIMITS																
COVERAGES		COVERI TO SYM		3		LIM	TS OF LIABILITY		COVER	AGES /	COVEI LUTO SY	COVERED TO SYMBOLS			TS OF LIABII	LITY
		21	27	7		GAR	AGE OPERATIONS				21	27			A	UTOMOBILE
		22	28	3		A	JTO ONLY OT AL	HER THAN JTO ONLY	MEDICAL		22	28	\$		P	REM OPERATIONS
LIABILITY	2329			e EA	ACCI	DENT \$	\$		PAYMENTS		23	29				
		24		AC	GREG	BATE	\$				24					
				DE	ALER	S ONLY:	LIMITED	UNLIMITED			22	26	CSL	BI EA F	PER \$	
		25		E	T MED	DEXP	\$		UNINSUREI MOTORIST		23	27	BI EACH ACCI	DENT	\$	
PERSONAL INJURY PROTECTION		27		IN	COME	LOSS	\$				24		PROPERTY D	AMAGE	\$	
BUVOIO		D A B A A				1								DED	UCTIBLE	MAXIMUM
PHYSIC	AL					LOC#		ENTER	R THE LIMIT F	OR EACH LOC	CATION			PE	RAUTO	DED PER LOSS
COMP SPECIFIED		22	27				\$							\$		\$
PERILS		23	28				\$							\$		\$
		24	31				\$							\$ DED	\$	
COLLISION		22	24		28									DEDUCTIBLE		
OTHER		23	27	/	31									\$		
	Julen															
GARAG	ìΕΚ	EEPE	ERS			LOC#	EN	ITER THE LIN	IIT FOR EAC	LOCATION			# OF AUTOS	DED	UCTIBLE R AUTO	MAXIMUM DED PER LOSS
COMP							\$							\$		\$
LEGAL SPECIFIED 30							\$ \$							\$		\$
	\$						\$				\$		\$			
DIRECT BASIS					_	\$							\$			
PRIMARY	PRIMARY COLLISION				30		\$									
EXCESS						\$										
OTHER																
PHYSICAL DAMAGE RE	POR	TING PE	FRIOD	<u> </u>			# DEALER/	# TRANS		# HOISTS	т,	TEMPOR	ARY LOCATION	і іміт	TR	ANSIT LIMIT
			T N	ON-RI	EPORT	''	AIRER PLATES F	PORTATION F	PLATES						\$	
COVERED AUTO SYMB	OLS		1	01111			UTOS OTHER THAN	PRIV PASS	(28) H	IIRED AUTOS					•	IPANY USE
(21) ANY AUTO (22) ALL OWNED AUTO					(2	25) OWNED <i>A</i>	AUTOS SUBJECT TO N AUTOS SUBJECT TO I	NO-FAULT	(29) 1	ION-OWNED A	UTOS U		ARAGE BUS PAIR/STORAGE		(,	
(23) OWNED PRIVATE I		AUTOS	ONL	Y.			ALLY DESCRIBED AU						DEALER AUTO			
ENDORSEMENTS/REM	ARKS	;														
READ YOUR	DC	או וכי	v t	ТНЕ	DΩ		E INCLIDANC	E EOB	WHICH	THIC AD		ΛTIO	N IS REIN	IC M	ADE I	ISSUED
MAY BE CAN															,	, ,
DURING WH																
NOTICE OF INSURANCE	E INF	ORMAT	ION P	RACT	ICES											
PERSONAL INFORMINFORMATION AS N																
BE DISCLOSED TO	THIE	RD PAI	RTIE	S. Y	H UC	AVE THE R	IGHT TO REVIEW	YOUR PEF	RSONAL IN	FORMATION	I IN OU	R FILES	S AND CAN R	EQUES	ST CORRE	CTION
OF ANY INACCURA REQUEST. CONTAC												IG 50C	H INFORMAT	101115	AVAILABL	.E UPON
IT IS A CRIME TO K	NOV	VINGL'	Y PR	OVIE	DE FA	LSE, INCO	MPLETE OR MISL	EADING IN	FORMATIC	N TO AN IN	SURAN	CE COI	MPANY FOR	THE PL	JRPOSE O	F DEFRAUDING
THE COMPANY. PE	ENAL	TIES	MAY	INCL	UDE	IMPRISON	MENT, FINES OR	A DENIAL (OF INSURA	NCE BENEF	ITS.					
I ACKNOWLEDGE I																
BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. INITIALS OF NAMED INSURED(S)																
I UNDERSTAND TH								INDICATE	D HERE W	ILL APPLY T	O ALL	FUTUR				, ,
AND CHANGES UN	LES	SINO	TIFY	YOU	OTH	IERWISE IN	I WRITING.	1								
APPLICANT'S								DA	TE	PRODUCER						
SIGNATURE										SIGNATURE						