



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: SUB CODE: AGENCY CUSTOMER ID:	CARRIER NAIC CODE:	UNDERWRITER UNDERWRITER OFF.	POLICIES OR PROGRAM REQUESTED POLICY NUMBER
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKERS/MOTOR CARRIER	GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA
PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR TRUCK CARGO			

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT

APPLICANT INFORMATION			
NAME (First Named Insured & Other Named Insureds)			MAILING ADDRESS INCL ZIP+4 (of First Named Insured)
FEIN OR SOC SEC # (of First Named Insured):		PHONE (A/C, No, Ext):	
E-MAIL ADDRESS(ES):			WEBSITE ADDRESS(ES):
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME ID NUMBER DATE BUS STARTED
INSPECTION CONTACT: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		ACCOUNTING RECORDS CONTACT: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	

PREMISES INFORMATION									
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED	
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT					
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST: 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			
4. ANY CATASTROPHE EXPOSURE?			
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; In DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

CHK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



WEST VIRGINIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
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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 7	\$
			COMP / OTC	2 4 8	
				3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$			
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			
		EMPLOYEES VOLUNTEERS PARTNERS			
COVERED AUTO SYMBOLS: PRIMARY SECONDARY					
COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS					

TRUCKERS SECTION

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

MOTOR CARRIER SECTION

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	64	EACH PERSON \$	TOWING & LABOR	63		\$				
	63	67			67						
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64		PROPERTY DAMAGE \$	COMP / OTC	69						
			70								
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	69						
	63	67	BI EACH ACCIDENT \$		70						
64		PROPERTY DAMAGE \$	COLLISION	69							
				70						\$	
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	NO	\$									
TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	GROUP TYPE	NUMBER OF	EMPLOYEES	VOLUNTEERS	PARTNERS	COVERAGE IS:	PRIMARY	SECONDARY
	NO	\$									
NON-OWNED AUTO LIABILITY	YES STATES										
OTHER				OTHER							

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

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE, OR THE SELECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGE OR REJECTION OF UNDERINSURED MOTORISTS COVERAGE 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
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ACORD™ BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)			
	FAX (A/C, No):	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN
CODE:		SUB CODE:		AGENCY BILL	AUDIT
AGENCY CUSTOMER ID:		FOR COMPANY USE ONLY			

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

DRIVER INFORMATION ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			8. ANY HOLD HARMLESS AGREEMENTS?		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS				15. HAS AGENT INSPECTED VEHICLES?	
				MAXIMUM DOLLAR VALUE SUBJECT TO LOSS	
				\$	

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT		ITEM DESCRIPTION:			

REMARKS

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL	OTHER	\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL	OTHER	\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL	OTHER	\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL	OTHER	\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL	OTHER	\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL	OTHER	\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		PP	SPEC	COML	\$				
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL	OTHER	\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM \$		

ACORD™ VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)		
CODE: AGENCY CUSTOMER ID	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE
		DIRECT BILL AGENCY BILL	PAYMENT PLAN
FOR COMPANY USE ONLY			

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW
		MODEL:	V.I.N.:	<input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML		\$
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL			CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F
<input type="checkbox"/> < 15 MILES <input type="checkbox"/> PLEASURE			<input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT <input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB <input type="checkbox"/> COMP
<input type="checkbox"/> 15 MILES + <input type="checkbox"/> FARM			<input type="checkbox"/> NO-FAULT <input type="checkbox"/> SERVICE	<input type="checkbox"/> SPEC C OF L <input type="checkbox"/> FTW	<input type="checkbox"/> COLL <input type="checkbox"/> OTHER	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT
						ACV <input type="checkbox"/> COMP <input type="checkbox"/> SPEC C OF L
NET VEH DR/CR:						TOTAL PREM \$
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW
		MODEL:	V.I.N.:	<input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML		\$
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL			CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F
<input type="checkbox"/> < 15 MILES <input type="checkbox"/> PLEASURE			<input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT <input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB <input type="checkbox"/> COMP
<input type="checkbox"/> 15 MILES + <input type="checkbox"/> FARM			<input type="checkbox"/> NO-FAULT <input type="checkbox"/> SERVICE	<input type="checkbox"/> SPEC C OF L <input type="checkbox"/> FTW	<input type="checkbox"/> COLL <input type="checkbox"/> OTHER	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT
						ACV <input type="checkbox"/> COMP <input type="checkbox"/> SPEC C OF L
NET VEH DR/CR:						TOTAL PREM \$
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW
		MODEL:	V.I.N.:	<input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML		\$
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL			CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F
<input type="checkbox"/> < 15 MILES <input type="checkbox"/> PLEASURE			<input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT <input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB <input type="checkbox"/> COMP
<input type="checkbox"/> 15 MILES + <input type="checkbox"/> FARM			<input type="checkbox"/> NO-FAULT <input type="checkbox"/> SERVICE	<input type="checkbox"/> SPEC C OF L <input type="checkbox"/> FTW	<input type="checkbox"/> COLL <input type="checkbox"/> OTHER	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT
						ACV <input type="checkbox"/> COMP <input type="checkbox"/> SPEC C OF L
NET VEH DR/CR:						TOTAL PREM \$
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW
		MODEL:	V.I.N.:	<input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML		\$
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL			CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F
<input type="checkbox"/> < 15 MILES <input type="checkbox"/> PLEASURE			<input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT <input type="checkbox"/> LSP	<input type="checkbox"/> RENT REIMB <input type="checkbox"/> COMP
<input type="checkbox"/> 15 MILES + <input type="checkbox"/> FARM			<input type="checkbox"/> NO-FAULT <input type="checkbox"/> SERVICE	<input type="checkbox"/> SPEC C OF L <input type="checkbox"/> FTW	<input type="checkbox"/> COLL <input type="checkbox"/> OTHER	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT
						ACV <input type="checkbox"/> COMP <input type="checkbox"/> SPEC C OF L
NET VEH DR/CR:						TOTAL PREM \$

UNINSURED/UNDERINSURED MOTOR VEHICLE COVERAGE

IMPORTANT NOTICE

OFFER VOID AFTER THIRTY (30) DAYS

TO: PROPOSED POLICYHOLDER (APPLICANT): _____

IF YOU DO NOT RETURN THIS FORM TO YOUR INSURER WITHIN THIRTY (30) DAYS IT MEANS YOU HAVE DECIDED NOT TO BUY OPTIONAL UNDERINSURED COVERAGES OR OPTIONAL LIMITS OF UNINSURED MOTORIST COVERAGE ABOVE THAT REQUIRED BY LAW.

OR

PRESENT POLICYHOLDERS: _____

IF YOU DO NOT RETURN THIS FORM TO YOUR INSURER WITHIN THIRTY (30) DAYS IT MEANS YOUR COVERAGE WILL STAY THE SAME AS IT IS NOW. THIS IS AN OPPORTUNITY TO CHANGE THE COVERAGE YOU PRESENTLY HAVE.

UNinsured Motor Vehicle Coverage

The State of West Virginia requires that you purchase UNinsured motor vehicle coverage with limits not less than \$20,000 per person, \$40,000 per accident for uninsured bodily injury losses, and \$10,000 for uninsured property losses. The law also requires that you be given the opportunity to purchase higher limits. (See the charts on the attached form for coverages available to you.)

UNinsured Motor Vehicle Coverage will protect you and passengers in your car if you are injured in an accident that was caused by an uninsured driver who was at-fault, or an unidentified driver who was at-fault.

UNDERinsured Motor Vehicle Coverage

The State of West Virginia does not require you to purchase UNDERinsured motor vehicle coverage. However, the law does state that you must be given the opportunity to purchase this coverage at limits as high as your liability coverage.

If you and passengers in your car are involved in an accident in which the other driver is legally at fault, the at-fault driver's insurance policy has the obligation to pay for your damages. It is not uncommon that the at-fault driver will not have enough liability insurance to pay for all the damages you have suffered. In order for you to protect yourself and others in your car, UNDERinsured motor vehicle coverage is available to you. This type of coverage will pay for the remainder of your damages up to your policy limits.

EXAMPLE:

You have purchased UNDERinsured motor vehicle coverage with limits of \$50,000 per person with a maximum of \$100,000 for any accident. You are in an accident where the other driver is at fault. The at-fault driver's liability policy limits are \$20,000 per person. You suffered damages of \$30,000. You receive \$20,000 from the at-fault driver's insurance. Since you still have outstanding losses of \$10,000, you can receive \$10,000 from your UNDERinsured motor vehicle coverage.

If you did not have UNDERinsured motor vehicle coverage, you may have found yourself in a situation where you did not have enough coverage to meet all of the losses you sustained in the accident.

PRODUCER		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY#:	EFFECTIVE DATE

UNDERINSURED MOTORISTS COVERAGE OFFER

Below are different limits and the _____ month premium available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.

UNDERINSURED MOTORISTS COVERAGE (MANDATORY) _____ AGENT

Number of vehicles subject to premiums below ____ . Policy/Binder No. _____

Rates include do not include multi-car discount.

_____ Single Limits _____ Premium _____

OPTIONAL LIMITS

\$ _____ 50,000	[A] \$ _____ 66 / 62
\$ _____ 100,000	[B] \$ _____ 100 / 96
\$ _____ 200,000	[C] \$ _____ 139 / 132
\$ _____ 300,000	[D] \$ _____ 156 / 154
\$ _____ 350,000	[E] \$ _____ 165 / 156
\$ _____	[F] \$ _____
\$ _____	[G] \$ _____
_____ REJECT	_____ REJECT

<p>I SELECT (Check One)</p> <p>[A] _____</p> <p>[B] _____</p> <p>[C] _____</p> <p>[D] _____</p> <p>[E] _____</p> <p>[F] _____</p> <p>[G] _____</p> <p>[] I REJECT</p>

A named insured or applicant must select or reject coverage offered above, on this part of the form, in his or her own handwriting.

I have read the IMPORTANT NOTICE, attached, on UNDERinsured motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select or reject limits of UNDERinsured motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

_____ SIGNATURE OF A NAMED INSURED OR APPLICANT _____ DATE

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.



**WEST VIRGINIA UNINSURED/UNDERINSURED MOTORISTS COVERAGE
OFFER OF SINGLE LIMIT LIABILITY**

PRODUCER		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY#:	EFFECTIVE DATE

UNINSURED MOTORISTS COVERAGE OFFER

Below are different limits and the _____ month premium available to you.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION.

UNINSURED MOTORISTS COVERAGE (MANDATORY) _____ AGENT

Number of vehicles subject to premiums below _____. Policy/Binder No. _____

Rates include do not include multi-car discount.

_____ Single Limits _____ Premium

**I SELECT
(Check One)**

MANDATORY LIMITS

\$ _____ 50,000 [A] \$ _____ 70 / 66

[A] _____

OPTIONAL LIMITS

\$ _____ 100,000 [B] \$ _____ 83 / 79

[B] _____

\$ _____ 200,000 [C] \$ _____ 90 / 85

[C] _____

\$ _____ 300,000 [D] \$ _____ 94 / 90

[D] _____

\$ _____ 350,000 [E] \$ _____ 96 / 90

[E] _____

\$ _____ [F] \$ _____

[F] _____

\$ _____ [G] \$ _____

[G] _____

A named insured or applicant must complete this part of the form in his or her own handwriting.

I have read the IMPORTANT NOTICE, attached, on UNinsured motor vehicle coverage and understand how this coverage works.

I have been given the opportunity to select the optional limits of UNinsured motor vehicle coverage listed above and have selected the coverage that matches the box I have checked.

SIGNATURE OF A NAMED INSURED OR APPLICANT

DATE

This selection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.