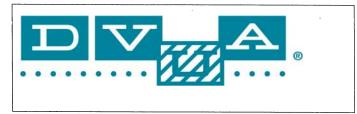
# **Used Auto Dealer Application**

COLUMBIA INSURANCE COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF MID-AMERICA
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL LIABILITY & FIRE INSURANCE COMPANY



			MNITY COMPA LITY & FIRE II					Policy Term I	From:_			To	
					÷	<u>GEN</u>	ERAL INF	ORMATIC	<u> </u>				
1	Appli	icant's N	lame (vou)			· · · · · · · · · · · · · · · · · · ·							
2.	Busi	ness Ad	dress				T. W						
	<b></b>	1000 / 10	(n	umber	)	(street)		city)		(county)		(state)	(zip)
3.	Maili	ng addr	ess (if differe	nt tha	, n busin	ess address)		,,	,	(county)		(otato)	(2.12)
			Individual									<u></u>	
		are:			enant			be named a	s add	itional insure	d? □ Ye	es ⊓No	
						If ves. owr	ner's name						
6.	Insu	ance is	desired from					20	to				20
		of Ope										***************************************	
		-	ised Dealer			□ Storage	Garage o	r Parking		□ Service	e Station	1	
			anchised Dea	ler		□ Repair \$		unung				aler/Auto Br	oker
			nent & Implen		Dealer	-		ntlina				aici/Adio bi	
8.						your primary bus				If no, what is			
						your primary buo		03 🗆 110		ii iio, wilat is	your pin	mary busine	33:
		on to Co				·							
				hone	Numb	er)							
	For A	Accounti	ina Records (	Nam	e & Pho	ne Number)							_
0	Cum	ent man	agement has	cont	rolled th	e business since		(vr.) and	hac h	oon in this t	no of hu	cinose sino	
1	ls thi	s a new	venture?	Yes	No.			(yi.) ailu	iias D	een in tilis ty	pe oi bu	3111033 31110	. الایا الایان الای
			or owners/sha										
		Name	51 01111010101011	<i>a</i> 1 01 10	10010, 11	•	ears with Co	ompany			0/	of Owners	hin
		7				10	ais willi O	Ompany			,	o di Owileis	ıııþ
	•												
												NOTE OF THE PERSON OF THE PERS	
	(b)	What is	estimated ne	t wor	th of the	business?							
									ate for	coming year	?	J-1071	
		Gross receipts last year? Estimate for coming year? Have you ever filed for reorganization or bankruptcy?   Results Year Year Year Year Year Year Year Year											
						) and explain							
		,,	(111		,	, aa oxpia							
	(b)	Have you been released from reorganization or bankruptcy?   Yes   No  Date released											
14.	(a)	PREVIOUS 3 YEARS' CARRIER AND ANY LOSS EXPERIENCE											
	`´	Year		rrier		Policy Num		Loss Date	An	nount Paid	l	Descriptio	n of Loss
								Lood Date	<del>                                     </del>	ilourit i uio		Doodripao	11 01 2000
			<b>-</b>			<del> </del>							
									1				
	(h)	During t	he nast three	(3) 1	eare ha	s any insurer can	scalled or re	ofused to re-	2011	□ Voc			
		lf yes, e		(3) y	cais lia	s arry insurer can	icelled of re	eiusea to rei	new?	⊔ tes	□ No		
				foot	or noo	t incidents, circun					4	1-1	4
		sougniti	n this applica	uon?	⊔ 1€	s ⊔ No IT	yes, provia	e complete	details	s			
1 =		461:						-					
			ability and C	over	age(s)	Requested – (Ch	eck desired	l coverage a		_	iested)	Aggregat	е
		BILITY							Each	n Accident		(Garage	Operations only)
		*Bodily	Injury & Prop	erty [	Damage	Liability CSL		\$				\$	
						0 deductible complete	ed operations)					-	
		□ *Lim	ited Liability f	or Cu	ıstomer	s 🗆 *Unlim	ited Liabilit	y for Custon	ners	(Designate ch	oice)		
	UNII	NSURF	D/UNDERINS	URF	D MOT	ORISTS							
			ed Motorists	- UI \L		OINIOTO		_ Each pers	on	¢			Each accident
		JIOGI		or	·					Ψ			Lacii accident
		Underin	sured Motori					_ Single Lim _ Each pers		\$			Each accident
	_	J			<b>-</b>			aoi pels	<b>U</b> II	Ψ			

\_\_\_\_ Single Limit

GARAGEKEEPERS COVERAG		Liability		Direct Excess [	□ Direct Primar	у				
Maximum Limit of any one cover  ☐ Specified Causes of Loss	red automobile - ALL COVERAC	-\$ GES (indica	te dedu	uctible desired)						
□ Collision	□ <b>\$500</b>	Deductible			ible					
In-Tow (Damage to autos while being towed) Limit per vehicle \$ Deductible:										
List All Locations To Be Covered	Locations To Be Covered –			Garagek	eepers					
		Garageke Limit		Average/Maximum Value Per Auto	Average/Maximu Number of Auto		Applicant Occupies			
No. 1					-		ll □ Part of Premises			
No. 2							II □ Part of Premises			
DEALER'S PHYSICAL DAMAGI  □ Specified Causes of Loss	(indicate deduction ↓ \$50 □ \$1		<u>d)</u> le tible	☐ Collision		deductible desired) \$500 Deductible \$1,000 Deductible Other				
False Pretense Coverage requested? ☐ Yes ☐ No Limit ☐ 25,000 ☐ 50,000 ☐ 100,000 ☐ 100,000										
No. 1				rs Physical Damage Limit	Average/Mar		Average/Maximun Number of Autos			
			•			114111501 01714100				
No. 2				rs Physical Damage Limit ocation: \$	Average/Ma: Value Per		Average/Maximum Number of Autos			
	EMDI OVEES	IN EACH O	F THE	FOLLOWING CATE	GORIES:					
PROVIDE TOTAL NUMBER OF Definitions  (A) Proprietors, Partners, Exect (B) Sales Persons  (C) General Managers  (D) Service Managers  (E) Other employees whose printing of the	utives active in t incipal duty is dr ors whose duty i	the business	s e vehicl	les or who are furnish	ned garage veh	icles	Number			
Definitions  (A) Proprietors, Partners, Exec  (B) Sales Persons  (C) General Managers  (D) Service Managers  (E) Other employees whose pri  (F) Other employees or operate  (G) All other employees  COMPLETE ALL SECTIONS BI  Driver information (list all drivers to	utives active in to incipal duty is drors whose duty in ELOW:	the business iving garage s driving ga	e vehicl rage ve	les or who are furnish ehicles for delivery or s not residents of the ho	ned garage veh Driveaway					
Definitions  (A) Proprietors, Partners, Exec (B) Sales Persons (C) General Managers (D) Service Managers (E) Other employees whose pri (F) Other employees or operate	utives active in to incipal duty is drors whose duty incipal to be covered inclusion above in the covered inclusion and the covered inclusion above in the covered inclusion and the covered in the covered inclusion and the covered inc	iving garages driving ga	e vehicl rage ve	les or who are furnish ehicles for delivery or s not residents of the ho	ned garage veh Driveaway ousehold who are	furnished Driving	automobiles).			
Definitions  (A) Proprietors, Partners, Exec  (B) Sales Persons  (C) General Managers  (D) Service Managers  (E) Other employees whose pri  (F) Other employees or operate  (G) All other employees  COMPLETE ALL SECTIONS BI  Driver information (list all drivers to the second s	utives active in to incipal duty is drors whose duty incipal to be covered inclusion above in the covered inclusion and the covered inclusion above in the covered inclusion and the covered in the covered inclusion and the covered inc	iving garage s driving ga  uding family n  n Duties or  Full ime (FT) **Part	e vehicl rage venembers Title c	les or who are furnishehicles for delivery or some some some some some some some some	ned garage veh Driveaway ousehold who are	furnished Driving	automobiles).  Record – 3 Years Details			
Definitions  (A) Proprietors, Partners, Exec  (B) Sales Persons  (C) General Managers  (D) Service Managers  (E) Other employees whose pri  (F) Other employees or operate  (G) All other employees  COMPLETE ALL SECTIONS BI  Driver information (list all drivers the service of t	utives active in to incipal duty is drors whose duty incipal to be covered inclusion above in the covered inclusion and the covered inclusion above in the covered inclusion and the covered in the covered inclusion and the covered inc	iving garage s driving ga  uding family n  n Duties or  Full ime (FT) **Part	e vehicl rage venembers Title c	les or who are furnishehicles for delivery or some some some some some some some some	ned garage veh Driveaway ousehold who are	furnished Driving	automobiles).  Record – 3 Years Detail			
Definitions  (A) Proprietors, Partners, Exec  (B) Sales Persons  (C) General Managers  (D) Service Managers  (E) Other employees whose pri  (F) Other employees or operate  (G) All other employees  COMPLETE ALL SECTIONS BI  Driver information (list all drivers to the service of the service o	utives active in to incipal duty is drors whose duty incipal to be covered inclusion above in the covered inclusion and the covered inclusion above in the covered inclusion and the covered in the covered inclusion and the covered inc	iving garage s driving ga  uding family n  n Duties or  Full ime (FT) **Part	e vehicl rage venembers Title c	les or who are furnishehicles for delivery or some some some some some some some some	ned garage veh Driveaway ousehold who are	furnished Driving	automobiles).  Record – 3 Years Details			

	Complete for	all Non-Engales and district	4.5	••					Number			
		all Non-Employee drivers tive proprietor, inactive ex			hom a cover	od auta baa b	aan filimiah					
	(2) Any activ	e or inactive proprietor's,	executive's o	or nartner's housel	nold member	to whom a co	vered auto	ea.		_		
		n furnished.		n parator o riodoor	iola mombol	to whom a co	voica auto					
	(3) List all m	embers of your household	l who are <u>14</u>	years of age and	older regardi	ess of whethe	r licensed o	or .		_		
	operating	g vehicles.		-	•				-			
	(4) Any other	r persons furnished an au	to.									
		Name	Date of	If member of Household Show	Driver	License Number		Driving Recor				
		ramo	Birth	Relationship	Dilvei	License Number		•	n of all Accid	-		
	1.								· · · · · · · · · · · · · · · · · · ·			
	••											
	2.											
				+								
	3.											
	4.											
	7.											
17.	Are employed	d drivers covered by Work	ers' Compen	sation Insurance?	□ Yes	□ No						
			UNI	DERWRITING INF	ORMATION	1						
18	Do you own a	and operate an Automobile	Transnorto	r tow truck tank to	uck or tank	trailar?		10	□ Yes	□ No		
	Do you desire	e coverage?	, mansporter	, tow truck, tark t	uck of tallk	u allei !		10.	□ Yes	□ No		
	□ Liability	☐ Med Pay ☐ UM	Physic	al Damage 🗆 Lin	nit	Deductible			_ 103	L 110		
19.	(No coverage	afforded unless units are	described a	nd specifically cha	rged for.)							
	Year Make & Model		Gross Vehicle ID Num		nber Use		Dadies O		vorana Dani	irod		
	Wake & Mouel		Weight		ilibei	Use	Radius		Coverage Desired			
	1.											
	2.											
20.		n any of the following?										
	Private Passe		□ No	%	Motor F	lomes	□ Yes					
	Mobile Home			%	Buses		□ Yes	□ No		%		
	Motorcycles	□ Yes mobiles, Jet Skis □ Yes	□ No _ □ No	% %		Sports Cars	□ Yes	□ No		%		
	Trucks over		□ No _		Antique	tor Equipmen		□ No □ No		% %		
	Tractors	□ Yes	□ No _	%		quipment or	ı 🗆 ies			70		
	Trailers	□ Yes	□ No	%		ent Dealer	□ Yes	□ No		%		
			_									
		u obtain autos held for sal										
22.	How are they delivered? (i.e. by train, drive-away, tow truck, auto transporter, etc.)											
23.	If by drive-away, estimated total number of trips annually:											
	Explain in detail who the drivers are:     Full-time employees   Part-time employees   Contractors											
	Name(s) of individuals Over 150 miles Over 150 miles											
24.	Do you loan	autos to customers?	AT OR DEL	IVERT. 0-150 IIIIIE			_ Over 150		□ Yes	□ No		
		autos to customers while the	neir autos ar	e left for service o	repair?				□ Yes	□ No		
		omers permitted to test dr							□ Yes	□ No		
		omers accompanied by a	salesperson	?					□ Yes	□ No		
27.		s) of Plates held by you:										
••	Dealer	Repair T	ransporter _	Othe	·		·					
28.	Are autos held for sale stored in open lots or in buildings?											
		ot, is lot completely floodli						28.	□ Yes	□ No		
		ndants or night watchmen		ant nat10					□ Yes	□ No		
		Security Patrol or Local La sced, chained or posts 4' a		ent patrof?					□ Yes	□ No		
		e in detail)							□ Yes	□ No		
	(b) If in build											
		burglary protection? (Expl	ain)						□ Yes	□ No		
	Is there	a sprinkler system? (Expla	ain)				<del></del>		□ Yes			

29.	. Where are keys to autos kept during the night?		
30.	Where are keys kept during the daylight or working hours?		
~4	(Be specific as to location - safe, board on wall, desk, etc. on both night and daylight hours)		
31.	Are vehicles encumbered? If yes, indicate mortgagee	31. □ Yes	□ No
32.	Are automobiles consigned? If yes, enclose copy of agreement%	32. □ Yes	□ No
33.	Do you conduct any other business than stated in Items 7 or 8 from any location?	33. □ Yes	□ No
24	If yes, explain  Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas		
<b>34.</b>	held under pressure?	04 = 14	
35	. Do you have a repair shop? If yes, %	34. □ Yes	□ No
	. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, %	35. □ Yes	□ No
30. 37	. (a) Do you spray paint on premises?	36. □ Yes	□ No
<b>υ</b> τ.	(b) Do you use booth meeting governmental standards?	37. □ Yes	□ No
38	. Describe neighborhood: □ Commercial □ Residential □ Mercantile □ Mercantile & Residential	□ Yes	□ No
	. Answer the following only if Garagekeepers' Liability is requested:		
٠٠.	(a) Do customers park their own cars?	20 UV	m Na
		39. □ Yes	□ No
	· · · · · · · · · · · · · · · · · · ·		
	(c) If stored in buildings: Age of building Number of floors		
	Type of construction Number of exits		
	Are ignition keys left in cars that are stored?	□ Yes	□ No
	If no, where are keys kept?		
	(d) If stored in open lot:		
	Is lot lighted?	□ Yes	□ No
	Is lot enclosed?	□ Yes	□ No
	Type of enclosures (explain)		
	Is attendant on duty at all times?	□ Yes	□ No
	Are cars locked when stored after hours?	□ Yes	□ No
poli ma res info	swers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially falsy policy or subsequent renewal it may issue.  If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endo licy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Appli spect.  The Applicant understands that an inquiry may be made into the character, finances, driving records, and other person formation the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional the Applicant regarding any investigation.  The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant represents that she/he has completed all relevant sections.	rsement to be attacendorsement.  Itter relating to insucant or any other part and business ball information will be	hed to the rance tha arty in an ackground e provide
Witn	ness Applicant's Signature D.	ate	<del></del>
	1		
Wil	ll premium be financed? □ Yes □ No If yes, with whom?		
	TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE		/
Is	s this direct business to your office? If not, explain		
	s this new business to your office? If not, how long have you had the account?		
	low long have you known applicant?		
1	REQUEST TO COMPANY GENERAL AGENT:		
1 _	REQUEST TO COMPANY GENERAL AGENT:		
	REQUEST TO COMPANY GENERAL AGENT:  Please quote  Please bind at earliest possible date and issue policy  Please issue policy effective  Coverage was bound by		
-	REQUEST TO COMPANY GENERAL AGENT:	Agency's Office Binding	Coverage)
-	REQUEST TO COMPANY GENERAL AGENT:  Please quote Please bind at earliest possible date and issue policy  Please issue policy effective Coverage was bound by (Name of Person in Company General Agent)	Agency's Office Binding	Coverage)



### **Delaware Valley Underwriting Agency, Inc.**

#### **ADDENDUM TO APPLICATION**

Insured s/Applicant's Name:
TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS
It is agreed that the following FRAUD STATEMENTS are attached to the application:
APPLICABLE IN THE STATE OF PENNSYLVANIA:
<u>WARNING</u> : 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 such person to criminal and civil penalties.
APPLICABLE IN THE STATE OF NEW YORK:
<u>WARNING:</u> 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
APPLICABLE IN ALL OTHER STATES:
<u>WARNING</u> : 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, IN, DC, LA, ME and VA insurance benefits may also be denied)
I have read and accept the above (To be signed by the Insured/Applicant)
Insured/Applicant Signature Date

## OFFER OF OPTIONAL ADDITIONAL UNINSURED AND UNDERINSURED AUTOMOBILE INSURANCE COVERAGES

#### I. EXPLANATION OF COVERAGES

Automobile liability insurance coverage pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage, bodily injury -- a coverage which pays people upon whom your motor vehicle inflicts bodily injury -- and property damage -- a coverage which pays people for damages your automobile causes to their motor vehicles or property.

In order to drive your automobile upon the roads of this State, you must have at least \$15,000.00 of bodily injury insurance for each person whom you may injure and \$30,000.00 of bodily injury insurance for two or more people whom you may injure in any single accident. You must also have at least \$5,000.00 in property damage insurance for each accident which you may cause. You may have seen these limits described in the newspaper as \$15,000/\$30,000/\$5,000. However, you have the right to purchase additional limits of automobile liability insurance up to \$250,000/\$500,000/\$50,000. You must, naturally, pay an increased automobile insurance premium for these increased limits of protection.

In addition, this State's laws require that you must be offered, at your option, two additional automobile insurance coverages which will protect <u>you</u> in the event <u>you</u> are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed "uninsured motorist coverage" and "underinsured motorist coverage." You may also see them referred to within your automobile insurance policy as "UM" and "UIM." You must, once again, pay an increased automobile insurance premium for each of these additional coverages.

<u>Uninsured</u> motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts that you may be legally entitled to collect as damages from an owner or operator of an uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy must automatically provide uninsured motorist coverage of \$15,000/\$30,000/\$5,000. All uninsured motorist coverages provide for a \$200 deductible for property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits, up to the limits of liability coverage you will carry under your automobile insurance policy. Some of the more commonly sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, are shown upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill-in those limits. If your insurance company is allowed to market those limits within this State, your insurance agent will fill-in the amount of increased premium.

<u>Underinsured</u> motorist coverage compensates you, or other persons insured under your automobile insurance policy, including passengers within your motor vehicle, for amounts that you, or your passengers, may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle that is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. You have, however, a right to buy underinsured motorist coverage in limits up to the limits of liability coverage you will carry under your automobile insurance policy. Some of the more commonly sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, are shown upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill-in those limits. If your insurance company is allowed to market those limits within this State, your insurance agent will fill-in the amount of increased premium.

It is important for you to understand that if you reject either one of these coverages upon this Form and if you are involved in an automobile accident, this Form then may be used by your insurance company as evidence against you if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this Form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this Form, the law requires that additional uninsured motorist coverage and underinsured motorist coverage, at the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, your automobile insurance policy may then be cancelled.

In the future, if you wish to increase or to decrease your limits of additional uninsured or underinsured coverage, you must then contact either your insurance agent or your insurance company.

Please read this Form carefully. If you have any questions, you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

State of South Carolina Department of Insurance 1612 Marion Street Post Office Box 100105 Columbia, South Carolina 29202-3105 (803) 737-6140

Your insurance agent must also answer any questions which you may have.

	Split Limits of Coverage	Amount of Increased							
	\$25,000/\$50,000/\$10,000 \$50,000/\$100,000/\$25,000	(These increased premium your insurance agent prior	n charges must be filled-in by to your decision and signature.)						
	\$100,000/\$300,000/\$50,000								
	/ / \$250,000/\$500,000/\$100,000								
	(or)								
	. ,	Amount of Increased	Premium						
	Single Limits of Coverage	(These increased premiu	m charges must be filled-in by to your decision and signature.)						
	\$50,000 \$100,000		to your decision and signature.)						
	\$250,000								
	\$500,000								
	Do you wish to purchase additional uninsured								
	motorist coverage?	Yes	No						
	If your answer is "no," you must then sign here. If your answer is "yes," then specify the limits which y liability limits.	ou desire. These limits cannot exceed yo	ur automobile insurance						
	I select/								
III.	OFFER OF UNDERINSURED MOTORIST COVERAGE	Amount of Increased	I December						
	Split Limits of Coverage	Amount of Increased (These increased premiun	n charges must be filled-in by						
	\$25,000/\$50,000/\$10,000 \$50,000/\$100,000/\$25,000 \$100,000/\$300,000/\$50,000	your insurance agent prior	to your decision and signature.)						
	\$250,000/\$500,000/\$100,000								
	(or)		_						
		Amount of Increased							
	Single Limits of Coverage	( I hese increased premiu your insurance agent prior	m charges must be filled-in by to your decision and signature.)						
	\$50,000 \$100,000								
	\$250,000								
	\$500,000								
	Do you wish to purchase additional underinsured								
	motorist coverage?	Yes	No						
	If your answer is "no," you must then sign here.  If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.								
	I select/								
IV.	APPLICANT'S ACKNOWLEDGEMENT								
	I hereby acknowledge that I have read, or have had reacoverage and underinsured motorist coverage. I have indifurther understand that the above explanations of these coand underinsured motorist coverage, and that payment of of my automobile insurance policy and to the State of Sou	cated whether or not I wish to purchase each verages are intended only to be brief descrip penefits under any of these coverages is sub-	coverage in the spaces provided. I						
То	day's Date:	Your Address:							
	-		Your Zin Code						

OTTEN OF ADDITIONAL UNINSURED MOTORIST COVERAGE