

ACORD™ COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.																											
	FAX (A/C, No.):																															
CODE: SUB CODE:		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER																											
		<table border="1"> <tr> <td>INDICATE SECTIONS ATTACHED</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> </tr> <tr> <td>PROPERTY</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/></td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td>GLASS AND SIGN</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> <td><input type="checkbox"/></td> <td>BOILER & MACHINERY</td> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/></td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>UMBRELLA</td> </tr> <tr> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input type="checkbox"/></td> <td>TRUCKERS/MOTOR CARRIER</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	INDICATE SECTIONS ATTACHED	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	GARAGE AND DEALERS	PROPERTY	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	VEHICLE SCHEDULE	GLASS AND SIGN	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	BOILER & MACHINERY	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	WORKERS COMPENSATION	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	UMBRELLA	TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>	TRUCKERS/MOTOR CARRIER	<input type="checkbox"/>	
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AGENCY CUSTOMER ID:																																

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

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

PREMISES INFORMATION								
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4			CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
					<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
					<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT		
					<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
					<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT		
					<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
					<input type="checkbox"/> OUTSIDE	<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	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (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).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
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)					

REMARKS/PROCESSING INSTRUCTIONS			
<p>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)</p>			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL 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																	
PROPERTY	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			
									CLOSED			
									OPEN			
									CLOSED			

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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORD™ TEXAS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

TX

DATE (MM/DD/YYYY)
4/16/2008

AGENCY
Ramsgate Managing Insurance

APPLICANT (First Named Insured)

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 \$			
PERSONAL INJURY PROTECTION	5	EACH PERSON \$	PHYSICAL DAMAGE		
	7	AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$	TOWING & LABOR	3 7	\$
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	COMPREHENSIVE	2 4 8 3 7	
	3 7		SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED/ UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$ DED			
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			COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES VOLUNTEERS PARTNERS			
		COVERED AUTO SYMBOLS		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 \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
	42 47	BI EACH ACCIDENT \$	COMPREHENSIVE	42 46 43 47		\$			
	43 50	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$			
PERSONAL INJURY PROTECTION	44 46	EACH PERSON \$ AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$	COLLISION	42 46 43 47		\$			
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46	\$				
UNINSURED/ UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE						
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$ DED	COMPREHENSIVE	48 49					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 49					
			COLLISION	48 49					\$
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH					
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF							
		EMPLOYEES VOLUNTEERS PARTNERS							
		COVERED AUTO SYMBOLS		COVERED AUTO SYMBOLS		COVERED AUTO SYMBOLS		COVERED AUTO SYMBOLS	
		(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			

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

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 OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

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 OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

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 OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

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 OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

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 OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

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 OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	

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 OFL	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	NET VEH DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE				FTW	COLL	\$	\$	COLL	\$	