	AGENCY CUSTOMER ID:																		
ĄC	CORD®			В	USI	NESS AU	JTC) SE	ECTION		DATE (I	MM/DD/YY	(YY)						
AGENC	Y						CARRIER NAIC CODE												
POLICY	NUMBER					EFFECTIVE DAT	E NAI	NAMED INSURED(S)											
COVE	COVERAGES / LIMITS																		
USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION																			
DRIVER INFORMATION ACORD 163 attached for additional																			
LIST AL	L DRIVERS, INCLUDING FAMILY M	EMBERS	THAT DRIVE	СОМ	PANY V	EHICLES, AND EMPL	OYEES	S WHO D	DRIVE OWN VEHICLES ON COM	PANY BU	SINESS.								
DRIVER #	NAME CITY, STATE AND ZI	P CODE		SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE		ROADEN O-FAULT	DOC	USE VEH#	USE				

LIST AL	L DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE	СОМ	PANY \		LOYEES	WHO D							
DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
			* MAD	ITAL STATUS / CIVIL	LINION	/if appli	achle)						

GE	GENERAL INFORMATION												
EXP	LAIN AL	L "YES" RESPONSES					Y/N						
WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?													
	VEH # NAME OF OTHER OWNER												
2.	2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?												
3.	3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?												
4.	4. ARE ANY VEHICLES LEASED TO OTHERS?												
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customized	vans / pickups)									
	VEH#	DESCRIPTION	COST	VEH#	DESCRIPTION	COST							
			\$			\$							
6.	ARE IC	CC (Interstate Commerce Commission), PUC (Public Utility Co	mmission) OR (OTHER	FILINGS REQUIRED? (If "YES", atta	ch ACORD 194)							

AGENCY CUSTOMER ID: _ **GENERAL INFORMATION (continued)** Y/N **EXPLAIN ALL "YES" RESPONSES** 7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? 8. ANY HOLD HARMLESS AGREEMENTS? 9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. 10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS? 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? 14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph. DRV # DATE (MM/DD/YYYY) TYPE PLACE (CITY, STATE) # YRS REV 15. HAS AGENT INSPECTED VEHICLES? 16 ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? **DESCRIPTION OF GARAGE / STORAGE LOCATIONS** MAXIMUM DOLLAR VALUE SUBJECT TO LOSS ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names INTEREST EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER NAME AND ADDRESS RANK: ___ ADDITIONAL LOSS PAYEE INSURED EMPLOYEE AS LESSOR VEHICLE: LOCATION: OWNER LIENHOLDER REGISTRANT REFERENCE / LOAN #: INTEREST EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER NAME AND ADDRESS RANK: ADDITIONAL LOSS PAYEE VEHICLE: LOCATION: INSURED EMPLOYEE AS LESSOR OWNER LIENHOLDER REGISTRANT REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

VEHIC	LEI	DES	CRIP	TION		ACOF	RD 1:	29 atta	che	ed fo	r addit	tiona	ıl vehic	les ^A	AGEN	ICY (CU	STOM	IER I	D:									
VEH#	YI	AR	MAK	E:		BODY TYPE:									VEH	ICLE T	YPE			SY	M / AGE	COMP / OTC SYM	COLL						
			MOD	MODEL: V.I.N																		SPEC		co	ML				
GARAGI ADDRES	10	STRE	ET (Re	quired i	n KY)				COUNT								COUNT	Y							STATE	ZIP			
LIC STATE	TE TERR GVW/GCW CLA					CLA	SS SIC FACTOR SEAT C						т ср	R	ADIUS			FART	HEST	TERM	IINAL			\$	COST NEV	N			
USE				COV	CK /ERAGES	s	ADD'L FAUL			UNDRINS MOTOR TOWING		F	⊣ ⊦		LSP COMP. OTC	RENT REIMB FG		DE	1	CTIBLES			CV	COMP/ OTC	SPEC C OF				
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DRIVE T WORK /			_	15 MIL	ES	15 MILE	∟ S+	PAULT NET V DR/CR	EH	MC	DIOR	ш	COFL											φ	COL				
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			MOD	EL:							V.I.N.:									PP		SPEC		СО	ML				
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LIC STATE		TER	R		GVV	V / GCW		CLA	SS		SIC		FAC	ГOR	SEA	т ср	R	ADIUS		FARTHEST TERMINAL							\$	COST NEV	N
USE		Т	C	DMM'L		FOR HIRE	CHE	CK /ERAGES		AD	DD'L NO-		UNDRIN MOTOR	s	F		_	LSP		RE	NT IMB	DE	DEDUCTIBLES			T _A	CV	COMP/ OTC	SPEC C OF
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GARAGI ADDRES	10	STRE	MOD EET (Re		n KY)				СІТ	ГҮ	V.I.N.:						T	COUNT	Y						IVIL		STATE	ZIP	
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DRIVE T WORK /				15 MIL	FS	15 MILE	 -S +	NO- FAULT NET V DR/CR	EH	MC	NINS OTOR		COFL		' '	v v		COLL				\$		PREM:	•		\$		COL
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