



Public Auto Supplemental Application Charter/Sightseeing/Intercity Buses
 (Complete in addition to the Commercial Automobile Application)

PROVIDE COPIES OF DRIVER TRAINING MANUAL AND SAFETY PROCEDURES

Applicant's Name: _____

- 1. Indicate type of operations conducted.** If more than one, show percentage of total:
- Charter bus: chartered for special trips, tours, picnics, outings and similar uses _____%
 - Sightseeing bus: accepts individual passengers for a fare for sightseeing or guided tours _____%
 - Intercity bus: picks up and transports passengers on a fixed route _____%

2. Description of operations: _____

3. List all states where the applicant is required to file proof of liability insurance; (Include docket numbers):

Limit of liability required by each state and/or Federal Highway Administration: _____

Provide the exact name and address as shown on application for filings, permits, certificates, etc.: _____

Has any applicant ever had their authority suspended or revoked? Yes No

If yes, explain: _____

4. Are autos used to transport any railroad workers?..... Yes No

5. List the four most frequent runs made from starting point to final destination:

Starting Point	Final Destination	Number of Miles

6. List the four longest trips made in the past year:

Starting Point	Final Destination	Number of Miles

7. Have there been any changes in operations in the past five years or are there any expected in the coming year, including plans for growth, expansion or changes in routes? Yes No

If yes, explain: _____

8. Does the applicant ever lease, rent or borrow buses from others?..... Yes No
 If yes, indicate the number of buses and complete the Hired & Non-owned Supplemental Application.

	Lease from Others		Rent from Others		Borrow from Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

9. Does the applicant ever lease, rent or loan buses to others? Yes No

	Lease to Others		Rent to Others		Loan to Others	
	No. of Units	Seating Capacity	No. of Units	Seating Capacity	No. of Units	Seating Capacity
With Driver						
Without Driver						

10. Do any employees use their own vehicles in your business? Yes No

If yes, explain: _____

11. Are employees and drivers' histories screened for sexual abuse charges and convictions? Yes No

12. Number of buses equipped for wheelchair transport:..... _____

13. How many vehicles are equipped with the following wheelchair tie-down mechanism?
 3 point tie-down _____ 4 point tie-down _____

14. Describe wheelchair tie-down procedures: _____

15. Is scooter transport (electric scooters or mobility scooters) provided?..... Yes No

If yes, how are passengers secured? _____

If yes, how are scooters secured within the vehicle? _____

16. Are any vehicles not equipped with both lap belts and shoulder harnesses for the passengers?..... Yes No
17. Is there an accident review procedure?..... Yes No
If yes, please describe: _____

18. Are all vehicles owned by you? Yes No
If no, please explain: _____
Are they leased, etc.? Yes No
Give details: _____

19. Identify the types of special driver training programs that your drivers receive:
- | | | |
|---|---|--|
| <input type="checkbox"/> CPR | <input type="checkbox"/> Defensive driving | <input type="checkbox"/> Emergency vehicle evacuation |
| <input type="checkbox"/> General driver orientation | <input type="checkbox"/> Human relations skills | <input type="checkbox"/> Passenger assistance training |
| <input type="checkbox"/> Primary first aid | | |
20. Describe vehicle maintenance program: _____

21. If vehicles are stored at one location, describe the type of location and its security: _____

22. Are drivers allowed to take vehicles home when not in use? Yes No
If yes, what is your policy on personal use of the vehicles? _____

23. Do any vehicles provide open-air seating such as rumble seats, convertible, open sides etc? Yes No
If yes, which vehicles: _____

24. What are your estimated annual gross receipts for the coming year?.....\$ _____
25. What are your estimated annual gross receipts for the last year?\$ _____
26. What percent of your gross receipts are from overflow business from other livery services sub-contracted to you? _____%
27. Are all drivers covered by Worker's Compensation?..... Yes No
If yes, provide carrier name: _____

28. Any other pertinent information about your business: _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 **(Not applicable to Nebraska, Oregon or Vermont)**.

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NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable in Florida Agents Only)



COMMERCIAL AUTOMOBILE/TRUCKERS APPLICATION

Name of Applicant: _____

 D/B/A: _____

 Street Address: _____

 P.O. Mailing Address: _____

 Phone Number: (____) _____
 FEIN/Social Security/Soundex No. _____
 Website: _____

Agent Name: _____

 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time, at the mailing address of the Applicant.

PLEASE ANSWER ALL QUESTIONS

DESCRIPTION OF OPERATIONS

1. **Applicant is:** Individual Partnership Corporation Joint Venture LLC Other: _____

2. **Description of operations:** _____

Attach appropriate supplemental application as needed.

3. **How long has this operation been in business?** _____

4. **How many years of experience does your management have in the truck/transportation business?** _____

Provide an explanation of their experience: _____

5. **Have you had any insurance canceled, declined or non-renewed in the last three years** (Not applicable in Missouri)?..... Yes No

If yes, explain: _____

6. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?** Yes No

If yes, provide details: _____

7. **Is the applicant a subsidiary of another entity, does the applicant have any subsidiaries or has the applicant operated under a different name?** Yes No
If yes, provide details: _____
8. **Is there a formal safety program?**..... Yes No
If yes, provide details or a copy: _____
9. **List commodities transported:** _____
10. **Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** Yes No
If yes, provide specific details: _____
11. **Radius of operations:** Intrastate only Interstate
0-100 miles _____%, 101-300 miles _____%, 301-500 miles _____%, Over 500 miles _____%
12. **List all states in which vehicles operate:** _____
a. For all states, list largest cities entered: _____
b. For all states, list farthest city entered from garaging location: _____
13. **Is your operation subject to time constraints when delivering the commodity?** Yes No
14. **Do you haul for others?** Yes No
If yes, indicate percentage and for whom: _____
15. **Do you back haul?**..... Yes No
If yes, advise for whom and commodities transported: _____
16. **Do you have a signed trailer interchange agreement?**..... Yes No
If yes, provide a copy of the signed agreement, cover letter and provider list.
17. **Do you operate under a UIIA (Uniform Intermodal Interchange Association) contract?** Yes No
If yes, provide a copy of the signed contract, cover letter and provider list.
18. **Do any units have special equipment, customizations or alterations?** Yes No
a. If yes, describe: _____
b. If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? _____
19. **Are any vehicles used by family members?** Yes No
If yes, list and provide MVRs: _____
20. **Is there personal use of vehicles?** Yes No
If yes, explain: _____
21. **Do you allow passengers?** Yes No
If yes, explain: _____
22. **Are any vehicles or equipment loaned, rented, or leased to others?** Yes No
If yes, explain: _____
23. **Are all drivers covered by Workers' Compensation insurance?** Yes No

DRIVER INFORMATION

24. Is there a formal driver hiring procedure? Yes No
 If yes, provide a copy.

25. Is there a formal driver training program? Yes No
 If yes, provide a copy.

26. Do you:
 Perform employee drug and alcohol screening/testing? Yes No
 Perform criminal background checks? Yes No
 Have a "Good Driver" incentive program..... Yes No
 Order MVRs prior to allowing employees to drive? Yes No

27. Criteria for hiring drivers: minimum age: _____ **years of experience:** _____
 Describe MVR standards: _____

28. Average driver turnover per year: _____%
Number of drivers hired in the past twelve (12) months:

29. Is there an accident review procedure? Yes No
 If yes, please describe: _____

30. Are all drivers employees? Yes No
 If no, provide copy of contract.

31. How are your drivers paid? Per load Per hour Other: _____

32. Do you agree to screen and report all potential operators immediately upon hiring? Yes No

33. Maximum number of hours driver will operate a vehicle in a twenty-four (24) hour period: _____

34. Are driver teams used? Yes No

35. Are drivers assigned to specific units? Yes No

36. List below all drivers, owners/officers, partners currently employed as of the proposed effective date. If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

*Designation Code: O—Owner/Officer, P—Partner, E—Employee

VEHICLE INFORMATION

37. Number of vehicles owned: _____ Light _____ Medium _____ Heavy _____ Extra Heavy
 _____ Tractors _____ Trailers _____ Private Passenger Types

38. Number of vehicles leased: _____ Light _____ Medium _____ Heavy _____ Extra Heavy
 _____ Tractors _____ Trailers _____ Private Passenger Types

39. Do you use double or triple trailers?..... Yes No
 If yes, what percentage of trips involves the use of multiple trailers? _____%

40. Do all trailers have DOT-required reflective tape?..... Yes No

41. Provide details on your vehicle maintenance program: _____

42. Are any vehicles owned, operated or leased that are not included in the vehicle schedule? Yes No
 If yes, provide details: _____

PRIOR CARRIER AND LOSS EXPERIENCE SUMMARY

Include a minimum of four years currently valued company loss runs for all accounts.

The following Prior Carrier and Loss Experience Section must be completed:

Policy Period	Prior Carrier	Policy No.	Past Deductible Amount	Liability Premium	Physical Damage Premium	No. Of Losses	Liability Losses Paid/ Open*	Physical Damage Losses Paid/ Open*

OPERATION HISTORY

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

FILING INFORMATION

- 43. Do you hold an ICC/FHWA permit or UCRA/DOT registration?..... Yes No
If yes, provide: US DOT No. _____, MC No. _____, Base State _____
- 44. State filings required?..... Yes No
If yes, list states and provide necessary state motor carrier number, if applicable: _____

- 45. Provide exact name and address as shown on application for filings, permits, certificates, etc.: _____

- 46. Are there any special requirements needed for City permits, Certificates of Insurance, oversize and/or overweight permits? Yes No
If yes, provide details: _____

HIRED AUTO INFORMATION—Coverage Subject to Audit

- 47. Why is hired auto coverage being requested? _____
- 48. Do you lease, hire, rent or borrow any vehicles from others? Yes No
What is the average term of the lease? _____
Is there a written agreement? Yes No
Does it include a Hold Harmless agreement and/or Additional Insured clause? Yes No
Provide a copy of the agreement.
- 49. Do you hire independent contractors? Yes No
If yes, do you require certificates of insurance? Yes No
Provide a copy of the contract.
- 50. If owner/operators are leased, will they be scheduled on your policy? Yes No
If yes, provide a copy of the agreement you use.
- 51. Do you use sub-haulers?..... Yes No
If yes, provide cost of hire: \$ _____
Provide a copy of the contract.
- 52. Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes No
Will they be scheduled on the policy? Yes No
What is the average term of the lease? _____
- 53. What is your cost to lease, hire, rent or borrow vehicles? With drivers \$ _____ Without drivers \$ _____
Estimated cost of hired autos: This year: \$ _____ Last year: \$ _____
- 54. Is Hired Auto Physical Damage coverage desired?..... Yes No
If yes, average value of auto hired: \$ _____
- 55. How many autos are hired on average within a twelve (12) month period? _____
- 56. How many hired autos are in the insured's possession at any one time? _____
- 57. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors _____% Trailers _____%
Heavy and Extra Trucks _____% Pickup trucks or Vans _____% Private Passenger Cars _____%

58. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes No
 If yes, explain: _____
59. Do you arrange or dispatch loads for others, not including your own hired truckers? Yes No
 Explain: _____
 Are you named on the Bills of Lading? Yes No
 Annual number of Truckers: _____ Loads: _____
60. Do you have motor carrier brokerage authority? Yes No
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No
 What is your motor carrier brokerage number? _____
 Whose name appears on the bill of lading as the carrier? _____
 What is your brokerage revenue for the most recent twelve (12) months? _____
 Estimated next twelve (12) months: _____
61. Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium? Yes No

NON-OWNED AUTO INFORMATION—Coverage Subject to Audit

62. Why is non-ownership liability coverage being requested? _____
63. What types of non-owned autos will be used in your business? _____
 Total number of non-owned autos used: _____ How will they be used? _____
64. How often are non-owned autos used in your business? Daily Weekly Monthly Other: _____
 Estimate the number of hours per month: _____
 Estimated annual mileage for use of all non-owned autos: _____
65. Do any employees use their autos in your business? Yes No
 If yes, what limit of liability insurance are they required to maintain? _____
 Do you require evidence of insurance? Yes No
66. Will you use non-owned autos other than those owned by employees? Yes No
 If yes, describe the relationship: _____
67. Total number of employees: _____ Total number of officers and partners: _____
68. If a social service operation, do you use the autos of volunteers? Yes No
 Maximum number of volunteers at any one time: _____
 How will they use their vehicles? _____
69. Are volunteers required to have their own insurance? Yes No
 Minimum limits required: _____
70. Do you obtain motor vehicle records for all employees and volunteers? Yes No
71. Do you understand that we may audit your records for Non-Owned auto exposure, which might result in an additional premium? Yes No

LIMIT AND COVERAGE INFORMATION

72. Liability: Combined Single Limits: \$ _____
 Split Limit: B.I. Per Person: \$ _____ B.I. Per Accident: \$ _____ Property Damage: \$ _____
 Liability Deductible: \$1,000 Over \$1,000 _____ **Submit to company—financials may be required**

73. Hired Auto: Cost of Hire: \$ _____
Hired auto coverage is subject to audit.

74. Non-owned Auto: Number of: Partners: _____ Employees: _____ Volunteers: _____
Non-owned auto coverage is subject to audit.

75. Uninsured Motorist: Rejected Limits Accepted _____

76. Underinsured Motorist: Rejected Limits Accepted _____
 (Complete appropriate UM/UIM Selection/Rejection Form for Questions **75.** and **76.**)

77. Optional no-fault state: PIP rejected?..... Yes No

78. Mandatory no-fault state: PIP basic limits accepted? Yes No
 (Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions **77.** and **78.**)

79. Medical Payments: Rejected Limits accepted: _____

80. Trailer Interchange: Limit \$ _____ Number of Trailers: _____
 Deductibles: Comp \$ _____ SCOL \$ _____ Coll \$ _____

81. Do you understand that we may audit your records, which might result in an additional premium? Yes No

82. Are any Lessors or other entities to be added as additional insureds?..... Yes No
 If yes, list:

NAME	VEHICLE	ADDRESS	RELATIONSHIP/INTEREST

VEHICLE SCHEDULE

(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:	License plate No.:	
GVW/GCW:	Class.:	
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:	Length:	

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV	<input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV	<input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
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Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV	<input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
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Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
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If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV	<input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles	<input type="checkbox"/> COMP _____	<input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____
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Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

California Notice And Disclosure: Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

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APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ILLINOIS UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Illinois law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Please indicate your choice from **A.** and **B.** by initialing next to the appropriate item(s) and signing below.

A. Bodily Injury Uninsured And Underinsured Motorists Coverages

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Bodily Injury Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Every automobile liability policy must include Bodily Injury Uninsured Motorists Coverage at limits equal to your limits for Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage except as described below.

If your Bodily Injury Liability Coverage limits exceed \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident, you may select limits that are lower than your Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage for your Bodily Injury Uninsured Motorists Coverage BUT you may not select Bodily Injury Uninsured Motorists Coverage limits less than \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident.

Underinsured Motorists Coverage will be provided to you ONLY IF your Bodily Injury Uninsured Motorists Coverage limits are greater than \$25,000 for each person/\$50,000 for each accident or a Combined Single Limit of \$50,000 for each accident. When provided, your Bodily Injury Underinsured Motorists Coverage limits will be equal to your Uninsured Motorists Coverage limits.

Please indicate your choice by initialing next to the appropriate item(s) if you are selecting Uninsured Motorists Coverage at limits less than the Bodily Injury Liability limits of your policy.

(Initials) _____	I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and select the following lower limits.			
(Choose one):				
(Initials) _____	Split Limits \$ 25,000/50,000* _____ 50,000/100,000 _____ 100,000/300,000 _____ 250,000/500,000 _____ 500,000/1,000,000 _____ \$ _____ (Other)	OR	(Initials) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Combined Single Limit \$ 50,000* _____ 100,000 _____ 250,000 _____ 300,000 _____ 350,000 _____ 500,000 _____ 1,000,000 _____ \$ _____ (Other)
* IF YOU CHOOSE THIS LIMIT, BODILY INJURY UNDERINSURED MOTORISTS COVERAGE WILL NOT BE PROVIDED.				

B. Notice Of Availability Of Property Damage Uninsured Motorists Coverage

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of injury to or destruction of a covered auto caused by an automobile accident. However, Property Damage Uninsured Motorists Coverage is available only for autos for which you have not purchased Collision Coverage.

Please indicate your choice by initialing next to the appropriate item(s) below.

(Initials) _____	I select Property Damage Uninsured Motorists Coverage at a limit of \$15,000 for the following vehicle(s).
	(Specify Year/Make/Model): _____ _____ _____ _____
	Premium: \$ _____
_____	I reject Property Damage Uninsured Motorists Coverage.

Signature Of Applicant/Named Insured

Date