



MOTOR CARRIER APPLICATION

Name of Applicant: _____
 D/B/A: _____
 Mailing Address: _____
 Garaging Address:
 (if different than mailing) _____
 Phone Number: _____
 DOT No.: _____
 Loss Control contact name and telephone number:

 E-mail Address: _____
 Insured Website: _____

Agent Name: _____
 Producer: _____
 Phone No.*: _____
 Address: _____

 Agent No.: _____
 *Required on Fleets to assist Loss Control

PLEASE ANSWER ALL QUESTIONS

PROPOSED EFFECTIVE DATE: From: _____ To: _____ 12:01 A.M., Standard Time, at the address of the applicant.

DESCRIPTION OF OPERATIONS

1. **Applicant is:** Individual Partnership Corporation LLC Other: _____
2. **How long has this operation been in business?** _____ **Years trucking management experience:** _____
3. **Any other business currently owned or operated by the insured currently or in the past five years?**..... Yes No
 If yes, provide name and description of operations: _____

4. **Has there been any change in operations, ownership, management, or name during the last five years?**..... Yes No
 If yes, provide details: _____

5. **Radius of operations:**
 0-100 mi. _____% 101-300 mi. _____% 301-500 mi. _____% Over 500 mi. _____%

If more than 500 miles, approximately what percent of your miles will you travel to or through these four regional zones:

ZONE 1: CA, NV, OR, WA	ZONE 2: AZ, CO, IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, NM, OH, SD, UT, WI, WY	ZONE 3: AL, AR, FL, GA, KY, LA, MS, NC, OK, PA, SC, TN, TX, VA, WV	ZONE 4: CT, DE, MA, MD, ME, NH, NJ, NY, RI, VT
%	%	%	%

6. **Are filings required?**..... Yes No
 If yes, provide list: _____

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

8. **Do you have motor carrier brokerage authority?**..... Yes No
 If yes, in what name? _____ and under what DOT number? _____
 What name appears on the bill of lading as the carrier? _____
 Brokerage revenue for the last twelve (12) months: _____
 Estimated brokerage revenue next twelve (12) months: _____

9. Do you have a signed trailer interchange agreement? (If yes, provide copy of agreement)..... Yes No
10. Are any vehicles or equipment loaned, rented, or leased to others? (If yes, provide copy of agreement) Yes No
 Are these units scheduled on this policy? Yes No
11. Do you use owner/operators? Yes No
 If yes, are they scheduled on the policy? Yes No
12. Do you use sub-haulers? (If yes, provide copy of sub-haul agreement) Yes No
13. Do you hire, rent, or borrow any vehicles from others? Yes No
 If yes, will they be scheduled on the policy? Yes No
 What is the average term of the lease? _____
 Provide your annual cost to lease, hire, rent, or borrow vehicles:
 With drivers \$ _____ Without drivers \$ _____
14. Do you use double trailers? Yes No Do you use triple trailers? Yes No
15. Are passengers allowed? Yes No
 If yes, what controls are in place? _____
 If yes, what is the frequency of passengers? _____

COMMODITIES HAULED

Commodity	% of Loads	Average Value	Maximum Value

16. Are hazardous materials or hazardous waste hauled? (If yes, provide details in table above) Yes No
 If yes, do you require a \$1 million (\$1.2 million in CA) or \$5 million filing? \$1 million \$5 million

DRIVER INFORMATION

17. Criteria for hiring drivers: Minimum age: _____ Minimum years of experience: _____
 Describe your MVR standards: _____
 Do you use PSP (Pre-Employment Screening Program) in your hiring process? Yes No
 * Note: If operating in this name less than two years, Driver Employment Histories are required for all drivers (Form ADM 1003).
18. The driver list provided includes drivers of all vehicles requested to be covered under the policy including employees, leased employees, mechanics, family members, as well as any other person allowed to drive an insured vehicle. I agree to notify my agent of any additional drivers before they are allowed to drive an insured vehicle..... Yes No

19. List below all drivers employed as of the proposed effective date:

Driver's Name	Date of Birth	Driver's License No.	State	No. of Years Driving Similar Vehicle	Date of Hire	List Past Three Years of Accidents & Traffic Violations

INSURANCE AND LOSS HISTORY

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

If yes, explain: _____

21. Provide loss history for prior five years:

Policy Period	Prior Carrier	Policy No.	No. of Units Insured	No. Of Losses	Liability Losses Paid/Open	Phys. Dam. Losses Paid/Open	Cargo Losses Paid/Open

OPERATION HISTORY

22. Provide prior three years, current and projected business history:

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

SCHEDULE OF COVERED AUTOS

23. Provide autos to be scheduled on policy:

No.	Year	Make/Model	VIN No. (17 Digits)	GVW/GCW	Stated Value	Radius	Owner's Name	Trailer Type*
					\$			
					\$			
					\$			
					\$			

*Trailer Types: Car Carrier-CC, Container-CO, Dump Belly-DB, Dump End-DE, Flat Bed-FB, Hopper/Grain-HP, Livestock-LV, Log-LG Mobile/Modular Homes-MH, Tank, Dry Bulk/Pneumatic-TD, Tank, Liquid-TL, Van, Dry-VD, Van, Reefer-VR

LIENHOLDER INFORMATION

No.	Name	Address	City	State	Zip Code

24. Does equipment have safety features such as Collision Avoidance Systems, Lane Departure Warning, GPS, Advance Stability Equipment, Brake Monitoring, etc.? Yes No

If yes, describe: _____

LIMIT AND COVERAGE INFORMATION

25. Liability: Combined Single Limits \$ _____

26. Non-Trucking: \$ _____ Leased to: _____

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

28. **Hired Auto Physical Damage Limit:** \$ _____ **Deductible:** \$ _____
29. **Non-owned Auto: Number of Employees:** _____ **(Non-owned auto coverage is subject to audit)**
30. **Uninsured Motorist:** Rejected Limits Accepted: \$ _____
31. **Underinsured Motorist:** Rejected Limits Accepted: \$ _____
 (Complete appropriate state UM/UIM Selection/Rejection Form)
32. **Mandatory no-fault state:** (Complete appropriate Personal Injury Protection Selection/Rejection Form.)
 PIP basic limits accepted? Yes No
33. **Optional no-fault state:** PIP rejected? Yes No
34. **Medical Payments:** Rejected Limits Accepted: \$ _____
35. **Trailer Interchange:** Limit: \$ _____ Deductible: \$ _____ No. of Trailer Days: _____
36. **Deductibles:** Comp. \$ _____ SCOL \$ _____ Coll. \$ _____
37. **Cargo:** Limit: \$ _____ Deductible: \$ _____
 Check all boxes that apply if coverage desired while hauling these commodities:
 Copper Aluminum Autos Mobile Homes Reefer Breakdown Spoilage Owned Goods
38. **Policy Type:**
 Scheduled Unit Reporting Form basis: Per Power Unit Receipts Mileage

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.

FRAUD WARNINGS

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 in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT, or WA)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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: _____

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable in 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.



HAZARDOUS MATERIAL SUPPLEMENTAL APPLICATION
 (Complete in addition to the Commercial Automobile Application)

Applicant's Name: _____

1. Description of operations: _____

Number of years in business: _____ Number of years under current management: _____

2. Is this operation a subsidiary or division of another company? Yes No

If yes, advise the name of the company, their address and the relationship: _____

3. Have you ever operated under another name? Yes No

If yes, what name? _____

4. Number of years you have had authority to transport hazardous material: _____

Has your hazardous material operating authority (Federal or State) ever been suspended, revoked, withdrawn or under compliance review? Yes No

If yes explain: _____

5. Gross Receipts:

Hazardous Materials	General Commodities	Total for all Operations
\$	\$	\$

6.

Largest/Major Cities Entered	Percent of Operation
	%
	%
	%
	%
	%

7. Number of owned/long term leased vehicles:

_____ Tractors _____ Box Trucks _____ Box/Van Trailers _____ Flatbeds _____ Dump Trailers
 _____ Tank Trailers _____ Other Describe: _____

8. Number of owner/operator vehicles:

_____ Tractors _____ Box Trucks _____ Box/Van Trailers _____ Flatbeds _____ Dump Trailers
 _____ Tank Trailers _____ Other Describe: _____

9. Who maintains the vehicles, including trailers?

Name: _____
 Address: _____
 How often are vehicles serviced? _____

10. List your ten (10) largest clients.

Name of Client	Name of Client

11. Identify the types of special driver training programs required to be completed by drivers.

- Emergency Vehicle Evacuation General Awareness / Familiarization Hazardous Material Handling
 OSHA or EPA Sponsored Regulatory Update Safety
 Security Awareness Other Describe: _____

12. Who is responsible for hazardous materials training for your drivers? _____

13. Who is responsible for the loading and unloading of hazardous materials? _____

14. Are the drivers trained to identify improperly labeled/marked or packaged hazardous materials? Yes No

15. Do your drivers have the authority to refuse a shipment if the hazardous material labeling/ loading/packaging is not in compliance with the federal regulations? Yes No
 Describe the procedures your employees use for refusing a load: _____

16. Are all drivers familiar with placard regulations, including the proper use and placement? Yes No

17. List all hazardous materials transported:

Hazardous Materials Classification	UN Number (United Nations)	Percent of Loads	Average Radius	Container Type	Trailer Type
Class 1: Explosives		%			
Class 2: Gases		%			
Class 3: Flammable liquids		%			
Class 4: Flammable solids; spontaneously combustible materials; and materials that are dangerous when wet		%			
Class 5: Oxidizers and organic peroxides		%			
Class 6: Poisons and etiologic materials		%			

Hazardous Materials Classification	UN Number (United Nations)	Percent of Loads	Average Radius	Container Type	Trailer Type
Class 7: Radioactive materials		%			
Class 8: Corrosives		%			
Class 9: Miscellaneous		%			
ORM-D: Other regulated material		%			
Other (Describe):		%			

18. Are hazardous materials transported in bulk? Yes No

19. List non-hazardous materials transported.

Commodities	Percent of Loads	Average Radius	Trailer Type
	%		
	%		
	%		
	%		
	%		

Trailer Type: F = Flatbed Trailer, H = Hopper Trailer, T = Tanker Trailer, V = Van Trailer

Radius: 1-100 miles, 101-300 miles, 301-500 miles, greater than 500 miles

20. Name and title of full-time safety director: _____

21. If no full-time safety director, name and title of person in charge of safety: _____

22. Does the above person have the absolute power to hire and terminate drivers? Yes No

23. How often are safety meetings held? _____

24. Are safety meetings mandatory for all drivers? Yes No

25. Is there a driver award/bonus plan? Yes No

If yes, describe: _____

26. Is there an accident review procedure? Yes No

If yes, describe: _____

27. Is there an accident review board? Yes No

If no, who reviews accidents? _____

28. Do you allow passengers? Yes No

If yes, explain: _____

29. Are you responsible for the maintenance of owner/operated or leased equipment? Yes No

30. Are maintenance records retained on-site? Yes No

If no, explain: _____

31. Are MVRs reviewed for acceptability prior to hire or lease? Yes No

If yes, explain procedure: _____

32. How often are MVRs reviewed and by whom? _____

33. Criteria for hiring drivers: Minimum Age: _____ Years of HAZMAT Experience: _____

MVR Standards: _____

34. Current DOT safety rating and rating date: _____

35. List all currently used treatment, storage & disposal facilities including permit numbers/locations: _____

36. Do you select the disposal site for hazardous materials? Yes No

If no, who makes the selection? _____

37. Describe decontamination process: _____

38. Who authorizes hazardous materials manifests? _____

Is this a full-time position? Yes No

39. Do you carry Pollution Liability coverage? Yes No

Policy Number	Carrier	Limits	Term

40. Do you carry General Liability coverage? Yes No

Policy Number	Carrier	Limits	Term

41. Are all employees covered by Worker's Compensation? Yes No

If yes, provide carrier name: _____

42. Describe any other pertinent information about your business: _____

ATTACHMENTS LISTED BELOW MUST BE INCLUDED WITH YOUR SUBMISSION

- Complete vehicle schedule including radius of operation
- Verified loss runs currently valued for current year plus forty-eight (48) months minimum
- Details of all losses in excess of ten thousand dollars (\$10,000).
- Fuel tax records for most current year
- Current driver information including years of experience

DO YOU HAVE THE FOLLOWING? IF YES, ATTACH COPY.

Trip lease agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's handbook?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver training manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Written MVR standards?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Written vehicle maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner/operator contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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.

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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WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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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)

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	OR	(Initials)	Combined Single Limit
_____	\$ 25,000/50,000*		_____	\$ 50,000*
_____	50,000/100,000		_____	100,000
_____	100,000/300,000		_____	250,000
_____	250,000/500,000		_____	300,000
_____	500,000/1,000,000		_____	350,000
_____	\$ _____		_____	500,000
	(Other)		_____	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