



# FLORIDA COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

|                      |                       |                         |
|----------------------|-----------------------|-------------------------|
| <b>AGENCY</b>        | <b>CARRIER</b>        | <b>NAIC CODE</b>        |
| <b>POLICY NUMBER</b> | <b>EFFECTIVE DATE</b> | <b>NAMED INSURED(S)</b> |

**BUSINESS AUTO SECTION**

| COVERAGES                   | COVERED AUTO SYMBOLS  | LIMITS  | COVERAGES   | COVERED AUTO SYMBOLS   | LIMITS   |
|-----------------------------|---|---|---|--|--|
| LIABILITY                   | <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9<br><input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/><br><input type="checkbox"/> 3 <input type="checkbox"/> 8 | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$<br>BI EACH ACCIDENT \$<br>PROPERTY DAMAGE \$   |   |  |  |
| PERSONAL INJURY PROTECTION  | <input type="checkbox"/> 5<br><input type="checkbox"/> 7<br><input type="checkbox"/>  | \$10,000 BASIC   DED AP-PLIES TO: <input type="checkbox"/> NAMED INS ONLY <input type="checkbox"/> NAMED INS & DEP RES REL<br>DED: <input type="checkbox"/> NO DEDUCTIBLE <input type="checkbox"/> \$25<br><input type="checkbox"/> \$50 <input type="checkbox"/> \$100<br>WK LOSS EXCL: <input type="checkbox"/> NAMED INS ONLY <input type="checkbox"/> NAMED INS & DEP RES REL | <b>PHYSICAL DAMAGE</b>  |  |  |
| EXTENDED P.I.P.             | <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/>  | <input type="checkbox"/> INCLUDE WK LOSS <input type="checkbox"/> EXCLUDE WK LOSS   | TOWING & LABOR  | <input type="checkbox"/> 3 <input type="checkbox"/><br><input type="checkbox"/> 7  | \$   |
| ADDITIONAL P.I.P.           | <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/>  | OPTION#:   \$ <input type="checkbox"/> INCLUDE WK LOSS <input type="checkbox"/> EXCLUDE WK LOSS   | COMP / OTC  | <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8<br><input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> |  |
| MEDICAL PAYMENTS            | <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8<br><input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/>  | EACH PERSON \$  | SPECIFIED CAUSES OF LOSS  | <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8<br><input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> |  |
| UNINSURED MOTORIST          | <input type="checkbox"/> 2 <input type="checkbox"/> 6<br><input type="checkbox"/> 3 <input type="checkbox"/> 7<br><input type="checkbox"/> 4 <input type="checkbox"/>   | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$<br>BI EACH ACCIDENT \$   | COLLISION   | <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8<br><input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> |  |
| HIRED/BORROWED LIABILITY    | <input type="checkbox"/> YES   STATES<br><input type="checkbox"/> NO  | COST OF HIRE <input type="checkbox"/> IF ANY BASIS<br>\$  | HIRED PHYSICAL DAMAGE   | STATES   # DAYS   # VEH  | COVERAGE/DEDUCTIBLE<br><input type="checkbox"/> COMP \$<br><input type="checkbox"/> SPEC C OF L \$<br><input type="checkbox"/> COLL \$ |
| NON-OWNED LIABILITY         | <input type="checkbox"/> YES   STATES<br><input type="checkbox"/> NO  | GROUP TYPE   NUMBER OF<br><input type="checkbox"/> EMPLOYEES<br><input type="checkbox"/> VOLUNTEERS<br><input type="checkbox"/> PARTNERS  |   | COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY   |  |
| <b>COVERED AUTO SYMBOLS</b> | (1) ANY AUTO<br>(2) ALL OWNED AUTOS<br>(3) OWNED PRIVATE PASSENGER AUTOS  | (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER<br>(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE<br>(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW   | (7) AUTOS SPECIFIED ON SCHEDULE<br>(8) HIRED AUTOS<br>(9) NON-OWNED AUTOS |  |  |

**ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**SIGNATURE**

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT 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 WITHOUT YOUR AUTHORIZATION. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

|                       |                                |   |
|-----------------------|--------------------------------|---|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE                           | NATIONAL PRODUCER NUMBER                        |

**TRUCKERS SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

| COVERAGES                           | COVERED AUTO SYMBOLS   | LIMITS  | PHYSICAL DAMAGE  |  |  |                   |               |               |                   |
|-------------------------------------|--|---|--|--|--|-------------------|---------------|---------------|-------------------|
|                                     |  |   | COVERAGES  | COVERED AUTO SYMBOLS   | LIMITS   | DEDUCTIBLE        |               |               |                   |
| LIABILITY                           | <input type="checkbox"/> 41 <input type="checkbox"/> 46 <input type="checkbox"/><br><input type="checkbox"/> 42 <input type="checkbox"/> 47<br><input type="checkbox"/> 43 <input type="checkbox"/> 50 | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$<br>BI EACH ACCIDENT \$<br>PROPERTY DAMAGE \$   | COMP / OTC   | <input type="checkbox"/> 42 <input type="checkbox"/> 47<br><input type="checkbox"/> 43 <input type="checkbox"/><br><input type="checkbox"/> 46 |  | \$                |               |               |                   |
| PERSONAL INJURY PROTECTION          | <input type="checkbox"/> 44<br><input type="checkbox"/> 46   | \$10,000 BASIC DED APPLIES TO: <input type="checkbox"/> NAMED INS ONLY <input type="checkbox"/> NAMED INS & DEP RES REL<br>DED: <input type="checkbox"/> NO DEDUCTIBLE <input type="checkbox"/> \$250<br><input type="checkbox"/> \$500 <input type="checkbox"/> \$1000<br>WK LOSS EXCL: <input type="checkbox"/> NAMED INS ONLY <input type="checkbox"/> NAMED INS & DEP RES REL | SPECIFIED CAUSES OF LOSS   | <input type="checkbox"/> 42 <input type="checkbox"/> 47<br><input type="checkbox"/> 43 <input type="checkbox"/><br><input type="checkbox"/> 46 | <input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP<br><input type="checkbox"/> F <input type="checkbox"/> FTW | \$                |               |               |                   |
| EXTENDED P.I.P.                     | <input type="checkbox"/> 44 <input type="checkbox"/> 46 <input type="checkbox"/>   | <input type="checkbox"/> INCLUDE WK LOSS <input type="checkbox"/> EXCLUDE WK LOSS   | COLLISION  | <input type="checkbox"/> 42 <input type="checkbox"/> 47<br><input type="checkbox"/> 43 <input type="checkbox"/><br><input type="checkbox"/> 46 |  | \$                |               |               |                   |
| ADDITIONAL P.I.P.                   | <input type="checkbox"/> 44 <input type="checkbox"/> 46 <input type="checkbox"/>   | OPTION#: \$ <input type="checkbox"/> INCLUDE WK LOSS <input type="checkbox"/> EXCLUDE WK LOSS   | TOWING & LABOR   | <input type="checkbox"/> 46  |  | \$                |               |               |                   |
| MEDICAL PAYMENTS                    | <input type="checkbox"/> 42 <input type="checkbox"/> 46<br><input type="checkbox"/> 43 <input type="checkbox"/>  | EACH PERSON \$  | <b>TRAILER INTERCHANGE</b>   |  |  |                   |               |               |                   |
| UNINSURED MOTORIST                  | <input type="checkbox"/> 42 <input type="checkbox"/> 46<br><input type="checkbox"/> 43 <input type="checkbox"/><br><input type="checkbox"/> 45   | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$<br>BI EACH ACCIDENT \$   | <b>COVERAGES</b>   | <b>SYMBOL</b>  | <b># TRAILERS</b>  | <b>FARTH ZONE</b> | <b># DAYS</b> | <b>RADIUS</b> | <b>DEDUCTIBLE</b> |
|                                     |  |   | COMP / OTC   | <input type="checkbox"/> 48<br><input type="checkbox"/> 49   |  |                   |               |               |                   |
| NON-TRUCKERS HIRED / BORROWED       | <input type="checkbox"/> YES STATES<br><input type="checkbox"/> NO   | COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS   | SPECIFIED CAUSES OF LOSS   | <input type="checkbox"/> 48<br><input type="checkbox"/> 49   |  |                   |               |               |                   |
| TRUCKERS HIRED / BORROWED LIABILITY | <input type="checkbox"/> YES STATES<br><input type="checkbox"/> NO   | COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS   | COLLISION  | <input type="checkbox"/> 48<br><input type="checkbox"/> 49   |  |                   |               |               | \$                |
| NON-OWNED AUTO LIABILITY            | <input type="checkbox"/> YES STATES<br><input type="checkbox"/> NO   | GROUP TYPE NUMBER OF<br><input type="checkbox"/> EMPLOYEES<br><input type="checkbox"/> VOLUNTEERS<br><input type="checkbox"/> PARTNERS  | HIRED PHYSICAL DAMAGE  | STATES # DAYS # VEH  |  |                   |               |               |                   |
| OTHER                               |  |   | COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY |  |  |                   |               |               |                   |
|                                     |  |   | OTHER  |  |  |                   |               |               |                   |

**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

**ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

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| APPLICANT'S SIGNATURE | DATE                           | NATIONAL PRODUCER NUMBER                        |

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: \_\_\_\_\_

| COVERAGES  | COVERED AUTO SYMBOLS  | LIMITS  | PHYSICAL DAMAGE            |               |  |                   |               |               |                   |  |  |  |  |  |  |  |  |
|--|---|---|----------------------------|---------------|--|-------------------|---------------|---------------|-------------------|--|--|--|--|--|--|--|--|
| LIABILITY  | <input type="checkbox"/> 61 <input type="checkbox"/> 67<br><input type="checkbox"/> 62 <input type="checkbox"/> 68<br><input type="checkbox"/> 63 <input type="checkbox"/> 71<br><input type="checkbox"/> 64 <input type="checkbox"/> | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$<br>BI EACH ACCIDENT \$<br>PROPERTY DAMAGE \$   | COVERAGES                  |               | COVERED AUTO SYMBOLS   |                   | LIMITS        | DEDUCTIBLE    |                   |  |  |  |  |  |  |  |  |
|  |   |   | COMP / OTC                 |               | <input type="checkbox"/> 62 <input type="checkbox"/> 67<br><input type="checkbox"/> 63 <input type="checkbox"/> 68<br><input type="checkbox"/> 64 <input type="checkbox"/> |                   |               | \$            |                   |  |  |  |  |  |  |  |  |
| PERSONAL INJURY PROTECTION   | <input type="checkbox"/> 65<br><input type="checkbox"/> 67<br><input type="checkbox"/>  | \$10,000 BASIC DED APPLIES TO: <input type="checkbox"/> NAMED INS ONLY <input type="checkbox"/> NAMED INS & DEP RES REL   | SPECIFIED CAUSES OF LOSS   |               | <input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP<br><input type="checkbox"/> F <input type="checkbox"/> FTW                           |                   | \$            |               |                   |  |  |  |  |  |  |  |  |
|  |   | DED: <input type="checkbox"/> NO DEDUCTIBLE <input type="checkbox"/> \$250<br><input type="checkbox"/> \$500 <input type="checkbox"/> \$1000  | COLLISION                  |               | <input type="checkbox"/> 62 <input type="checkbox"/> 67<br><input type="checkbox"/> 63 <input type="checkbox"/> 68<br><input type="checkbox"/> 64 <input type="checkbox"/> |                   | \$            |               |                   |  |  |  |  |  |  |  |  |
| EXTENDED P.I.P.  | <input type="checkbox"/> 65 <input type="checkbox"/> 67 <input type="checkbox"/>  | <input type="checkbox"/> INCLUDE WK LOSS <input type="checkbox"/> EXCLUDE WK LOSS   | TOWING & LABOR             |               | <input type="checkbox"/> 63 <input type="checkbox"/> 67  |                   | \$            |               |                   |  |  |  |  |  |  |  |  |
| ADDITIONAL P.I.P.  | <input type="checkbox"/> 65 <input type="checkbox"/> 67 <input type="checkbox"/>  | OPTION#: \$ <input type="checkbox"/> INCLUDE WK LOSS <input type="checkbox"/> EXCLUDE WK LOSS   | <b>TRAILER INTERCHANGE</b> |               |  |                   |               |               |                   |  |  |  |  |  |  |  |  |
| MEDICAL PAYMENTS   | <input type="checkbox"/> 62 <input type="checkbox"/> 64 <input type="checkbox"/><br><input type="checkbox"/> 63 <input type="checkbox"/> 67   | EACH PERSON \$  | <b>COVERAGES</b>           | <b>SYMBOL</b> | <b># TRAILERS</b>  | <b>FARTH ZONE</b> | <b># DAYS</b> | <b>RADIUS</b> | <b>DEDUCTIBLE</b> |  |  |  |  |  |  |  |  |
| UNINSURED MOTORIST   | <input type="checkbox"/> 62 <input type="checkbox"/> 66<br><input type="checkbox"/> 63 <input type="checkbox"/> 67<br><input type="checkbox"/> 64 <input type="checkbox"/>  | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$<br>BI EACH ACCIDENT \$   | COMP / OTC                 |               |  |                   |               |               |                   |  |  |  |  |  |  |  |  |
|  |   |   | SPECIFIED CAUSES OF LOSS   |               | <input type="checkbox"/> 69<br><input type="checkbox"/> 70   |                   |               |               |                   |  |  |  |  |  |  |  |  |
| NON-TRUCKERS HIRED/BORROWED  | <input type="checkbox"/> YES STATES<br><input type="checkbox"/> NO  | COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS   | COLLISION                  |               | <input type="checkbox"/> 69<br><input type="checkbox"/> 70   |                   |               |               | \$                |  |  |  |  |  |  |  |  |
| TRUCKERS HIRED/BORROWED LIABILITY  | <input type="checkbox"/> YES STATES<br><input type="checkbox"/> NO  | COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS   | HIRED PHYSICAL DAMAGE      | STATES        | # DAYS   | # VEH             |               |               |                   |  |  |  |  |  |  |  |  |
| NON-OWNED AUTO LIABILITY   | <input type="checkbox"/> YES STATES<br><input type="checkbox"/> NO  | GROUP TYPE: <input type="checkbox"/> EMPLOYEES<br><input type="checkbox"/> VOLUNTEERS<br><input type="checkbox"/> PARTNERS <table border="1" style="width: 100px; margin-left: 10px;"> <tr><th colspan="2">NUMBER OF</th></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> |                            | NUMBER OF     |  |                   |               |               |                   |  |  | COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY |  |  |  |  |  |
| NUMBER OF  |   |   |                            |               |  |                   |               |               |                   |  |  |  |  |  |  |  |  |
|  |   |   |                            |               |  |                   |               |               |                   |  |  |  |  |  |  |  |  |
|  |   |   |                            |               |  |                   |               |               |                   |  |  |  |  |  |  |  |  |
|  |   |   |                            |               |  |                   |               |               |                   |  |  |  |  |  |  |  |  |
| OTHER  |   |   | OTHER                      |               |  |                   |               |               |                   |  |  |  |  |  |  |  |  |
| <b>COVERED AUTO SYMBOLS</b><br>(61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT<br>(62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY<br>(63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT |   |   |                            |               |  |                   |               |               |                   |  |  |  |  |  |  |  |  |

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| APPLICANT'S SIGNATURE | DATE                           | NATIONAL PRODUCER NUMBER                        |