



KENTUCKY COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)
TAX TERRITORY

AGENCY

APPLICANT (First Named Insured)

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	\$ DED FULL GUEST ONLY BUY BACK	PHYSICAL DAMAGE		
ADDITIONAL P.I.P.	5 7	OPTION #: AGGREG LIMIT \$	TOWING & LABOR	3 7	\$
MOTORCYCLE P.I.P.	5 7	APPLIES TO CYCLES LISTED ON BACK \$	COMP / OTC	2 4 8 3 7	
NAMED INDIVIDUAL-BROADENED P.I.P.	5 7	APPLIES TO INDIVIDUALS LISTED ON BACK \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COLLISION	2 4 8 3 7	
UNINSURED MOT STACKED NON-STKD	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
UNDERINSURED MOT STACKED NON-STKD	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	COVERAGES IS: PRIMARY SECONDARY		
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						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 46 42 47 43 50	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMP / OTC	42 46 43 47		\$			
PERSONAL INJURY PROTECTION	44 46	\$ DED FULL GUEST ONLY BUY BACK	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$			
ADDITIONAL P.I.P.	44 46	OPTION #: AGGREG LIMIT \$	COLLISION	42 46 43 47		\$			
MOTORCYCLE P.I.P.	44 46	APPLIES TO CYCLES LISTED ON BACK \$	TOWING & LABOR	46		\$			
NAMED INDIVIDUAL-BROADENED P.I.P.	44 46	APPLIES TO INDIVIDUALS LISTED ON BACK \$	TRAILER INTERCHANGE						
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
UNINSURED MOT STACKED NON-STKD	42 46 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$	COMP / OTC	48 49					
UNDERINSURED MOT STACKED NON-STKD	42 46 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	48 49					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION	48 49					\$
TRUCKERS 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	COVERAGES IS: PRIMARY SECONDARY						
OTHER			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					

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																								
LIABILITY	61	67	CSL	BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE																		
	62	68	BI EACH ACCIDENT \$			COMP / OTC	62			67																	
	63	71	PROPERTY DAMAGE \$				63			68																	
	64						64																				
PERSONAL INJURY PROTECTION	65	\$ DED	FULL	GUEST ONLY	BUY BACK		62	67	SCL	FT	LSP	\$															
	67					63	68	F	FTW																		
ADDITIONAL P.I.P.	65	OPTION #:	AGGREG LIMIT \$			64																					
	67																										
MOTORCYCLE P.I.P.	65	67	APPLIES TO CYCLES LISTED ON BACK \$			COLLISION	62	67			\$																
NAMED INDIVIDUAL-BROADENED P.I.P.	65	67	APPLIES TO INDIVIDUALS LISTED ON BACK \$				63	68																			
							64																				
MEDICAL PAYMENTS	62	64	EACH PERSON \$			TOWING & LABOR	63		\$																		
	63	67					67																				
UNINSURED MOT STACKED	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE																						
	63	67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE																
	64				COMP / OTC	69																					
UNDERINSURED MOT STACKED	62	66	CSL	BI EA PER \$		70																					
	63	67	BI EACH ACCIDENT \$		SPECIFIED CAUSES OF LOSS	69																					
	64					70																					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	COLLISION	69					\$																
	NO		\$			70																					
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH																			
	NO		\$																								
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF																							
	NO		EMPLOYEES																								
			VOLUNTEERS																								
			PARTNERS																								
OTHER					OTHER																						
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ENDORSEMENTS

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 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 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.

I HAVE HAD UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. THE LIMIT CHOICES IN THIS APPLICATION WILL APPLY UNLESS I HAVE REJECTED THE COVERAGE HERE.

I HAVE REJECTED UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED	NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED
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APPLICABLE TO BUSINESS AUTO, TRUCKERS AND MOTOR CARRIER: IS/ARE GARAGING LOCATION(S) WITHIN CITY LIMITS? YES NO
IF NO, PROVIDE NAME(S) OF APPLICABLE TAX TERRITORIES:

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

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