

AGENCY CUSTOMER ID:

WYOMING COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

NAMED INSURED(S)

POLICY NUMBER			EFFECTIVE DA	TE CARRIE	CARRIER							NAIC CODE				
BUSINESS AUTO	O SECTION															
COVERAGES	COVERED AUTO SYMBOLS		LIMITS		COVERAGES COVERED AUTO S					BOLS	LIN	IITS				
LIABILITY	1 4 9 2 7 9	CSL BI BI EACH ACCIDENT	PER \$ \$													
	3 8	PROPERTY DAMAGE	\$		-											
								DAMAG	ί Ε							
				TOWING & LABOR	37				\$							
					COMP / OTC 2 4 3 7				8							
MEDICAL PAYMENTS	2 4 8 3 7 1	EACH PERSON	\$	SPECIFIED CAUSES OF	2 4 8 3 7			8								
UNINSURED MOTORIST	2 6 3 7	BI EACH ACCIDENT	PER \$ \$		COLLISION		2		4 7	8						
UNDERINSURED	4 6		PER \$		-											
MOTORIST	3 7 4	BI EACH ACCIDENT	\$													
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$	IF ANY BAS	SIS	_	STATE	ES # DAYS # VEH				COVERAGE / DEDUCTIBLE					
NON-OWNED	YES STATES	GROUP TYPE EMPLOYEES	BER OF	HIRED PHYSICAL DAMAGE						SPEC C OF L \$ COLL \$						
LIABILITY		VOLUNTEERS			-			5 10			RIMARY	SECONDARY				
	AUTO IED AUTOS ONLY IED PRIVATE PASSENGER AU	(5) OW	NED AUTOS SUBJE	CT TO NO-FA	AULT (8) HI						CIFICALLY DESCRIBED AUTOS ED AUTOS ONLY -OWNED AUTOS ONLY					
(-) -	S / REMARKS (ACOR									,						
				MOTODIOT												
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.																
AM PAID FOR THA	HAT THE AUTOMOBILE IN AT LOSS BUT DON'T ACTI H PRIOR LOSSES BEING	JALLY REPAIR THE														
	HAT THE COVERAGE SE NLESS I NOTIFY YOU OT			ICATED HE	RE WILL AF	PPLY TO	ALL FU	TURE	POLI	CY RE	NEWALS, COM	ITINUATIONS				
APPLICANT'S SIGNATU	JRE	DATE		PRODUCER'S	SIGNATURE						NATIONAL PRO	DUCER NUMBER				

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TRUCKERS SECTION

AGENCY CUSTOMER ID:

TRUCKERS SEC		N										1										
COVERAGES COVERED AUTO SYMI												PHYSICAL DAMAGE										
	41 46					CSL BI EA PER \$						COVERAGES			COVERED AUTO SYMBOLS						DEDUCTIBLE	
LIABILITY	42 47					BI EACH ACCIDENT \$							42		47							
	43 50										COMP / OTC			43					\$			
	43 50					PROPERTY DAMAGE \$							<u> </u>						Ψ			
											46		_									
							SPECIFIED			42		47	SCI	FT	LSF							
												CAUSES OF	LOSS		43			F	FT	N	\$	
															46							
MEDIOAL		42		46											42		47					
MEDICAL PAYMENTS		43				EAC	H PERSON	I	\$			COLLISION			43							
	42 46					CSL BI EA PER \$								<u> </u>							\$	
UNINSURED		F		46			CSL								46		_					
MOTORIST		43				BIEA	ACH ACCIE	DENT	\$			TOWING			46			6				
		45										& LABOR					Ì	-				
		42		46			CSL	BI EA PE	R\$									ERCHA				
UNDERINSURED		43				BI EA			\$			COVERA	GES	SY	MBOL	# TRA	ILERS	FARTI	# DAYS	RADIUS	DEDUCTIBLE	
MOTORIST		45		1					•						48							
		YES		ST	ATES	+						COMP / OTO)	<u> </u>								
NON-TRUCKERS HIRED / BORROWED				31/	AILO	COST OF HIRE IF ANY BASIS								49			-					
		NO				\$						SPECIFIED			48							
TRUCKERS HIRED / BORROWED	YES ST.			STATES CO		COST OF HIRE			F ANY BAS	SIS	CAUSES OF	LOSS		49								
LIABILITY		NO	Ю			\$								48								
	YES STATES					GROUP TYPE NUMBER OF					IBER OF	COLLISION			49						\$	
NON-OWNED		NO						Ee	Г			TRAILER VA	LUE	\$								
AUTO					EMPLOYEES							TES	S # DAYS #			/EH						
LIABILITY						VOLUNTEERS								NIL3	# L	# V						
							PARTNER	S				_										
OTHER												HIRED PHYSICAL										
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									-		<u> </u>		E 10-			PRIMARY		SECONDARY				
									OTHER		COVERAGE IS:					PRIMART		SECONDART				
												UTHER										
COVERED AUTO SYME	BOLS						ED AUTOS					CIFICALLY DES		D AUT	ros		(49) Y	OUR TI	RAILERS I	THE POS	SESSION OF	
(41) ANY AUTO (42) OWNED AUTOS O					(45		ED AUTOS PULSORY					D AUTOS ONL LERS IN YOUF				ED				ER UNDER REEMENT	A TRAILER	
(43) OWNED COMMER		UTO	S ON	NLY			DRIST LAV		(ED			AILER INTERC							NED AUT			
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COVERAGE. I HAV												00001000				vii i (O)						
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APPLICANT'S SIGNATU	JRE							DATE			PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER	

AGENCY CUSTOMER ID:

MOTOR CARRIE																							
COVERAGES	со	VERE 61		UTO SYMBOLS LIMITS										PHYSICAL DAMAGE									
	67		CSL	BI EA PER \$				COVERAGES		A	UTO SI	мво			LIMITS		DEDUCTIBLE						
LIABILITY	62 68 BI EACH					BI EACH ACCIDENT \$					COMP / OTO	<u> </u>	62		67								
		63	7	71	PRC	PROPERTY DAMAGE \$						C		63		68	1			\$			
	64													64									
													62		67	sc	FT	LSP					
											SPECIFIED CAUSES OF	2005		63		68	F	FT\	N	\$			
											0,10020 01	2000		64									
														62		67							
											COLLISION			63		68				\$			
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		62	F	64							-		63										
MEDICAL PAYMENTS		63		67	EACH PERSON \$						TOWING & LABOR			67		1	\$						
		62		57 56	1	CSL	BI EA PER \$					L		трліі		ERCHA							
UNINSURED		1 1									00/504	050	_ CV										
MOTORIST		63		67	BIE	ACH ACCID	ENI	\$			COVERA	GES	51	MBOL	#16	AILER	S ZONE	# DAYS	DEDUCTIBLE				
		64			+		BI				COMP / OTO	2	-	69									
UNDERINSURED		62		66		CSL	BI EA PE						<u> </u>	70	-		-						
MOTORIST	63 67				BIE	ACH ACCID	ENT	\$			SPECIFIED			69									
		64			_						CAUSES OF	LOSS		70			_						
NON-TRUCKERS				STATES	COS	ST OF HIRE			IF ANY BA	SIS	COLLISION			69						\$			
HIRED / BORROWED		NO			\$						COLLIGION			70									
TRUCKERS HIRED / BORROWED		YES	5	STATES	COS	ST OF HIRE			IF ANY BA	SIS	TRAILER VA	ALUE	\$										
LIABILITY		NO			\$							STA	TES	# DAYS		YS # VE							
	YES STATES				GROUP TYPE			NUMBER OF															
NON-OWNED		NO				EMPLOYE	ES				HIRED												
AUTO LIABILITY	,					VOLUNTE	ERS				PHYSICAL DAMAGE												
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OTHER					<u> </u>								со	VERAG	E IS:			PRIMARY	5	ECONDARY			
											OTHER												
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(61) ANY AUTO	5020					NED COMME NED AUTOS				(68) HIRE	CIFICALLY DES D AUTOS ONL	Y								SESSION OF A TRAILER			
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ENDORSEMENT																()							
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COVERAGE. I HAY											3 COVERAC		101		vii i (c								
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ASSOCIATED WIT									,														
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AND CHANGES U																			2, 0011				
APPLICANT'S SIGNAT	URE						DATE			PRODUCER'S	S SIGNATURE							NATIO	NAL PROD	UCER NUMBER			