

<b>ACORD™</b>	<b>KANSAS COMMERCIAL AUTO COVERAGES/LIMITS SECTION</b>	DATE (MM/DD/YY)
PRODUCER	APPLICANT (First Named Insured)	

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1 4 9	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$				
	2 7	BI EACH ACCIDENT \$				
	3 8	PROPERTY DAMAGE \$				
PERSONAL INJURY PROTECTION	5 7	STATUTORY LIMITS	<b>PHYSICAL DAMAGE</b>			
			TOWING & LABOR	3 7	\$	
ADDITIONAL P.I.P.	5 7	OPTION 1 \$	COMPREHENSIVE	2 4 8		
		OPTION 2 \$		3 7		
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8		
	3 7			3 7		
UNINSURED MOTORIST	2 6	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	2 4 8		
	3 7	BI EACH ACCIDENT \$		3 7		
	4					
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE	
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	EMPLOYEES	<input type="checkbox"/> COMP \$	
					VOLUNTEERS	<input type="checkbox"/> SPEC C OF L \$
					PARTNERS	<input type="checkbox"/> COLL \$
					COVERAGE IS: PRIMARY SECONDARY	
<b>COVERED AUTO SYMBOLS</b>	(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	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	42 46			\$					
	42 47	BI EACH ACCIDENT \$		43 47								
	43 50	PROPERTY DAMAGE \$										
PERSONAL INJURY PROTECTION	44 46	STATUTORY LIMITS	SPECIFIED CAUSES OF LOSS	42 46	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$						
				43 47	<input type="checkbox"/> F <input type="checkbox"/> FTW							
ADDITIONAL P.I.P.	44 46	OPTION 1 \$	COLLISION	42 46		\$						
		OPTION 2 \$		43 47								
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	46		\$						
	43											
UNINSURED MOTORIST	42 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	<b>TRAILER INTERCHANGE</b>									
	43 45	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE			
			COMPREHENSIVE	48 49								
NON-TRUCKERS HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	48 49					\$			
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE							
					<input type="checkbox"/> COMP \$							
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	NUMBER OF	EMPLOYEES	<input type="checkbox"/> SPEC C OF L \$							
					VOLUNTEERS	<input type="checkbox"/> COLL \$						
					PARTNERS							
OTHER			OTHER						COVERAGE IS: PRIMARY SECONDARY			
<b>COVERED AUTO SYMBOLS</b>	(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 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62 <input type="checkbox"/> 67 <input type="checkbox"/>			\$		
	62 <input type="checkbox"/> 68 <input type="checkbox"/>	BI EACH ACCIDENT \$		63 <input type="checkbox"/> 68 <input type="checkbox"/>					
	63 <input type="checkbox"/> 71 <input type="checkbox"/>	PROPERTY DAMAGE \$		64 <input type="checkbox"/>					
	64 <input type="checkbox"/>								
PERSONAL INJURY PROTECTION	65 <input type="checkbox"/> 67 <input type="checkbox"/>	STATUTORY LIMITS	SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/> 67 <input type="checkbox"/>	63 <input type="checkbox"/> 68 <input type="checkbox"/>	64 <input type="checkbox"/>	SCI <input type="checkbox"/> FT <input type="checkbox"/> I SP <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>	\$
ADDITIONAL P.I.P.	65 <input type="checkbox"/> 67 <input type="checkbox"/>	OPTION 1 \$ OPTION 2 \$	COLLISION	62 <input type="checkbox"/> 67 <input type="checkbox"/>	63 <input type="checkbox"/> 68 <input type="checkbox"/>	64 <input type="checkbox"/>			\$
MEDICAL PAYMENTS	62 <input type="checkbox"/> 64 <input type="checkbox"/> 63 <input type="checkbox"/> 67 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>	67 <input type="checkbox"/>				\$
UNINSURED MOTORIST	62 <input type="checkbox"/> 66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63 <input type="checkbox"/> 67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64 <input type="checkbox"/>		COMPREHENSIVE	69 <input type="checkbox"/>					
				SPECIFIED CAUSES OF LOSS	70 <input type="checkbox"/>				
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69 <input type="checkbox"/>	70 <input type="checkbox"/>				\$
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE		
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE		NUMBER OF				<input type="checkbox"/> COMP \$	<input type="checkbox"/> SPEC C OF L \$
		EMPLOYEES		COVERAGE IS:			PRIMARY	SECONDARY	
		VOLUNTEERS							
		PARTNERS							
OTHER			OTHER						

**COVERED AUTO SYMBOLS**  
 (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  
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY  
 (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

**ENDORSEMENTS**

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (IN THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)

I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT. (INITIALS)

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.

APPLICANT'S SIGNATURE		DATE (MM/DD/YY)	PRODUCER'S SIGNATURE
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