ACORD, BUSINESS AUTO							SEC	SECTION												DATE (MM/DD/YYYY)				
AGE	NCV	PHONE (A/C, No, Ext):				APPLICAN	APPLICANT																	
FAX (A/C No):							Named	- (First Named Insured)																
							EFFECTIV	/E DAT	E E	YDIDAT	ION DATE	1	PAYMENT PLAN AUDI											
							Liveon	LDAI	- '	IONDATE	-	AGENCY BILL		TATMEN	I I LAN	LAN								
							FOR COMPANY					<u> </u>												
COD		USE ONLY																						
	NCY TOMER ID:																							
60	VERAGE	S/LIMITS	CORD 137 F	R STATE	TO F	PROV	IDE C	COVER	ΔGI	ES/LIMITS II	VIFOR	MATION												
USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMAT DRIVER INFORMATION ACORD 163 attached for additional drivers													MATION											
					EMPL	OYEES \			/N VEHICLES ON (
DRIVER						DATE OF BIF	RTH	YRS EXP	YEAR LIC	DRIVE! SOCIA	RS LIC L SEC	CENSE NUMBER/ CURITY NUMBER	STAT	DATE HIRE	BROADEN DOC USE VEH #				% JSE					
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GE	GENERAL INFORMATION																							
EXPI	AIN ALL "Y	ES" RESPONSE	ES					YES	NO E	XPLAIN	ALL "YES	" RES	SPONSES					,	YES	NO				
				CES, ARE ANY VEI	HICLES	NOT S	OLELY		8. ANY HOLD HARMLESS AGREEMENTS? 9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.										_					
		ND REGISTERE			T	011150		\vdash								'IN REN	MARKS							
				THEIR AUTOS IN		SINES	5?						NT OBTAIN MVR V NT HAVE A SPECII			IG METI	HOD2							
S. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? ARE ANY VEHICLES LEASED TO OTHERS?													OT COVERED BY											
				RED OR HAVE SP	ECIAL E	QUIPN	IENT?						IED BUT NOT SCH				N?							
6. AF	RE ICC, PUC	OR OTHER FIL	LINGS REQU	IRED?					1-	4. ANY E	RIVERS \	NITH (CONVICTIONS FO	OR MOV	ING TRAFFIC VI	OLATIO	NS?							
				ING HAZARDOUS	MATERI	AL?			1	5. HAS A	GENT INS	SPECT	TED VEHICLES?	-										
DES	CRIPTION O	F GARAGE/STO	ORAGE LOCA	ATIONS											MAXIMUM DOLL	AR VAL	UE SU	BJECT T	O LC	SS				
ΛD	DITIONA	INTEDES	ET/CEDTI	FICATE REC	DIEN		1)PD	15 att	achac	l for ad	ditio	onal names		\$									
	REST	RANK:		AND ADDRESS	RENCE		ישאנ	+5 all	acnec	i ioi au		TIFICATE REQUIR	RED	INTEREST IN ITEM NUMBER										
ADDITIONAL INSURED											<u> </u>		_	VEHICLE:										
LOSS PAYEE													SCHEDULED ITEM NUMBER:											
LIENHOLDER														OTHER										
EMPLOYEE AS LESSOR																								
_	OWNER	. .																						
	REGISTRAN	41	ITEM S																					
RFI	MARKS		IIEMD	ESCRIPTION:																				

VE	HICL	E DE	SC	RIPTION		AC	ACORD 129 attached for additional vehicles																
VI	EH#	YEAR	, I	MAKE:					BOI TYP	BODY TYPE:						,	VEHICLE 1	TYPE		SYM/AGE		COST NE	w
N			MODEL:					V.I.V	V.I.N.:						PP	SPEC		COML		\$	\$		
CITY, STATE, ZIP WHERE							STATE	TERR		GVW/GCW	CLASS		,	SIC		FACT	FACTOR		P RADIUS	S FARTHEST TER		TERM	
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WÖ	RK/SC		031	1		COMM'L	cov	CK ERAGES	ADD'L FAULT		UNDRINS MOTOR TOWING	-l `		LSP	. -	R	REIMB	DED		AC	′⊢	COMP	SPEC C OF L
	< 15	MILES		PLEASURE		RETAIL		LIAB	MED P		& LABOR	FT		СОМІ	`_	F	G	Ш	AA L	ST AMT	\$		
		LES +		FARM		SERVICE		NO- FAULT	UNINS MOTO	R	SPEC C OF L	FTW		COLL				\$			\$		COLL
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wo	RK/SC	MILES		PLEASURE		RETAIL	COV		FAULT		TOWING	FT		СОМІ	, 	_	REIMB G	\vdash	Г			COIVIF	C OF L
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NET VEH DR/CR:							I I MOTOR		10012	1						TOTAL PRE		M \$					
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