56. COMMERCIAL						Ţ	Coverages								Limits				Covered Auto Symbols					
	AUTO					Į	Liability Property Damage Deductible: \$							\$										
							Medical Payments  Uninsured Motorists (MI, PA, WV)  Motorcycle Medical Payments (MI)							\$	\$									
							Uninsured/Underinsured (OH, IN, KY) (IN - Include PD) Underinsured Motorists (WV, PA)																	
									•		iahility a	ro roai	octod (	cian ct	\$	nago 15								-
								If no coverage or limits lower than Liability are requested, sign statement on page 15.  No-Fault – KY  Basic, Option No, Ded. \$ \$																
			$^{\prime}$				Broadened PIP for (Names)  -MI Ded \$																	
								- MI Ded - PA Con	l\$ nolete Foi	rm U-338	for First	-Partv	Renefits	ì										
							☐ Com	prehensiv	e															
						ŀ																		
						ŀ		sion	Ded	uctible \$ .		_			\$									
						ŀ		Other (Specify) \$ Other (Specify) \$																
						ŀ			. 0			0	D-		·		Mad D			18.4				
/	$oldsymbol{ au}$						i. Drive	Other Ca	r Coverag	e:		Cover	ages De	esirea:	Liab. Com	p. —	Coll. (\$	ay 50 Ded.)	_ '	JIVI				
			S	ERVI	ICE		Give	names an																
							2. Empl		Est	imated nu	ımber of		Estimat	ted nur	mber of offic f their autos	ers or ot	her emp	oloyees w	hos	e d	utie	require	9	
	O		Ų.	$\dashv$		▝		wnership																_
								Autos Lia	-						ated cost of									
							4. Hired	Auto Phy	/sical Dan	nage: \$	Compre	hensive	Lin	nit k	Esti	imated co Collision I	et of hi	re: \$		Sp	ecifi	 ed Peril	s (Fi	ıl
											Compro	TOHOLV								T T				_
Veh. No.	Ye	ar	М	ake	G	Body i.V.V	Type V., Etc.		Serial	Number			Origin Cost No	ial ew	Town or & State W	City, Cou here Gara	inty aged	Zi <sub>l</sub> Cod	p de			lass Code	Te	rı
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COVE	RAGE	S					(1)	CHECK CO	VERAGES	S AND INI	DICATE L	IMITS			*NO-FA	ULT COV	ERAGE	S APPLIC	CABI	LE I	N S	OME ST	ATE	S
					C		FPB	/PIP*	PHYS	SICAL DA	MAGE		CIPAL				TRUC	K TYPES				F	PT	
v I	L				C L E	-		CIPAL				OPERATED BY			DIST					USI	Ę		PR	
lÉl	ı M					D E	OPERA	TOR(S) ED BY	INDICATE Deductibles		EMPL	OYEES.		OF LONG	ANNUAL Rips				R		M	OI UI		
	Ĝ   E		UM			D		RS' COMP					OR Thers	Z	HAUL	UP TO			s	E	c	L E	DE	
L	<u> </u>		MI PA	UM PD	E D	A M								N E	FROM This	50	51 to 200	Over 200	R	I I	M M	Ā G	21	
	† A Y Y			OH	P	T	Yes	No	SPEC PERILS	COMP	COLL	E	0	_	TOWN	MILES			"	L	IMI	Ĕ	Y	ľ
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9			AUTO (continued)		Motorists Mutua	ıl Insurand	e Company								
57. INSURANCE AG ERRORS AND O COVERAGE		Limits: \$ \$ 1. Number of Employees	Each Occurrence \$ Deductible		Aggregate										
		2. Total Written Premium					ns.								
UNDERWRITING		1. Are we insuring all owned vehicles? ☐ Yes ☐ No If No, explain													
QUESTIONS		2. Are all vehicles owned	and registered in the name o	f the applicant?	□ Yes □ No If N	o, explain									
		3. What products are cus	tomarily hauled?												
		· ·	4. List all vehicles by vehicle number (see page 9) in the following categories:  (a) Commercial vehicles used to transport amplevees or others												
		(a) Commercial vehicles used to transport employees or others													
		(c) Vehicles hauling for hire	If hauling o	•											
		COMMERCIAL	AUTO & GARAGE-DRIVER I	NFORMATION											
		Complete page 9a of the I	Business Insurance Application	and attach to this	form.										
a. Does applicant p	rovide any special	training for new drivers?	_ \ <u></u>	ſes □ No											
b. Does applicant o				ſes □ No											
		and/or mental impairments?	· · · · · · · · · · · · · · · · · · ·	ſes □ No											
		being under the influence of r's license suspended or revol		ſes □ No ſes □ No											
-	-	or traffic violations within the		res □ No /es □ No											
		or violations of any Criminal C	•	res □ No											
,		cidents or losses in the past t		res □ No											
		persons under 21 years old?			es, include driver inforr	nation on									
j. How are drivers	compensated?	☐ Hourly Wage ☐ Hourly W	age and Commission 🗌 Per	Trip For	m U-705.1.										
	Veh. No. Name	<del>)</del>		Loan No.	□ Loss Payee CA7009	CA 7014	☐ Add'l Ins. CA7020								
	Street			City		State Zip									
	Veh. No. Name			Loan No.	☐ Loss Payee CA7009	CA 7014	☐ Add'l Ins. CA7020								
	Street			City		State Zip	1_								
	Veh. No. Name			Loan No.	☐ Loss Payee CA7009	CA 7014	☐ Add'l Ins. CA7020								
INTERESTED	Street			City	\$	State Zip									
PARTY	Veh. No. Name	)		Loan No.	□ Loss Payee CA7009	e ☐ Lessor CA 7014	☐ Add'l Ins. CA7020								
	Street			City	5	State Zip									
	Veh. No. Name	<del>)</del>		Loan No.	□ Loss Payee CA7009	E ☐ Lessor CA 7014	☐ Add'l Ins. CA7020								
	Street			City	,	State Zip									
	Veh. No. Name	,		Loan No.	□ Loss Payee CA7009	Lessor CA 7014	☐ Add'l Ins. CA7020								
	Street			City		State Zip									
			Complete page 9 for more Inte	rested Parties and	attach to this form.										
			COMMENTS												