

AUTO DEALERS – GARAGE SUPPLEMENTAL APPLICATION

For Internal or External Use

Describe any Yes answers

Required in addition to the following ACORD Forms:

- 125** Commercial Insurance Application
- 128** Garage and Dealers Section
- 129** Vehicle Schedule
- 163** Commercial Auto Drivers Information Schedule
- 45** Additional Interests

***** Enter Employee Counts on the "Location Detail" Tab *****

Class I A Employees: Regular Operators – proprietors, owners, executive officers, Sales managers, Service managers, Finance managers and General managers, whether they have an assigned vehicle or not, and anyone else who is furnished a vehicle or whose principal duty is to drive such as parts delivery, tow truck operators and Dealer Exchange (DX) drivers.

Class I B Employees: Other employees – Including salespersons who have not been assigned an auto (demo) or who do not have permission to access plates for personal use of autos.

Class II A Non Employees: Non employees under age 25

Class II B Non Employees: Non employees age 25 or older

Latest Annual Sales:	New:	<input type="text"/>
	Pre-Owned:	<input type="text"/>
	Service:	<input type="text"/>
	Parts:	<input type="text"/>
	Body Shop:	<input type="text"/>
	Total:	<input type="text"/>

What is the latest Service and Parts Absorption %:

Car security/False Pretense:

What are the controls for vehicle keys?

What are controls for authorized driver use?

Night security etc?

How often is inventory taken? (Daily? Weekly? Etc.)

Physical Damage:

What is the highest inventory amount over past 12 months?

What is the average monthly inventory over past 12 months?

Floor Plan – list each brand of vehicle sold and who covers physical damage (Mfr or Travelers) i.e. floored through manufacturer or bank:

	Brand:	Floored through:	Are we covering Phys Dam (Comp and/or Collision)? Specify:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

*** Use additional page if needed ***

Leasing /Renting Operations: (Please select "Yes" or "No" from the drop down box)

Is Insured the actual lessor i.e. holding the lease?
Any Renting Operations other than to customers while their car is in for repair?

If yes, describe:

Loaner policy: (Describe controls such as Minimum age, Proof of Insurance, etc)

(If available, please attach a copy of the dealer's loaner program)

Dealer or factory sponsored loaners?
Is Mfr responsible for liability on factory loaners?
Dealer loaners:

Title Searches: (Describe Procedure)

Any 15 passenger courtesy vans?

**Describe "Hybrid" operations:
i.e. non-dealer operations such as vehicle conversions, truck body mfg, etc.**

Any repair work on RV's, Buses, Fire Trucks etc?

Any "Spot" Delivery?
Defined as releasing a vehicle prior to sale.

Who approves the release of the vehicle for spot deliveries?

Dealer Plate Controls

Number of permanent plates (parts trucks, tow trucks, etc):
Number of dealer plates used for demos, loaners, and test drives:
Number of spare dealer plates:

Total number of dealer plates (subject to audit):

Dealer plates are assigned to (list names of individuals):

How are spare dealer plates used?:

How are spare dealer plates secured to avoid theft?:

Demo exposures

What % of sales staff have demos assigned to them?
Who are the vehicles assigned to? List them.

Personal Use Policy -- Describe:

Test Drives: (Describe operating procedures and controls and planned route specifics)

*** Obtain copy of latest annual (13th Month) Operating Report for each Brand ***

Any motorcycles, RV's, ATV's, Snowmobiles or other Misc. vehicles? For sale? Owned?

Any autos valued higher than \$100,000?

Any demo or loaner agreements?

Any rock aggregate or gravel on building roof that can be blown off by high winds onto cars below?

Is waste oil etc disposed of by outside firm with certificates?

Are vehicles furnished to other than employees/family members?

If yes, who?

Any racing activities or race car sponsorship? (especially in states like NY where racing is not excluded)

Do service operations include extraordinary work such as hydraulic repairs on heavy trucks, special equipment, etc?

If yes, describe fully.

Other than credit life, Accident & Health etc, does dealership sell P&C insurance?

What is the number of vehicle delivery or Dealer Exchange trips > 50 Miles?

Any towing or roadside assistance provided by the Insured? (if subbed out, answer NO)

If yes, is it done for the general public or only for customers?

Any trucks capable of towing multiple autos?

Any unusual items taken in for trade - RV's etc?

Parts delivery operation?

Does dealer have after hours parts delivery operation?

What is radius of parts delivery?

Miles:

Shifts:

Any unusual customer service areas such as children's playgrounds, etc?

Does the account have a body shop?

If yes, describe fire

Are all flammables properly protected?

*** Complete full Property Acord app ***

Insurance Agents E&O:

Are any companies with A.M. Best's Rating of lower than A- represented?

Any E&O losses in past 5 years? Describe.

Title and Statutory E&O:

Is there a documented procedure in place for compliance with laws relating to Title, Odometer, Prior Damage, Used Car sales, Parts Sales, Lending, Leasing?

Does the Insured keep detailed records of customer's prior damage and product complaints?

Does the Insured use an outside firm to confirm prior damage, mileage and title?

Does the Insured require customer signature acknowledging the disclosure of prior damage, title, odometer and buyers guide?

Has training been provided to sales and finance employees in compliance with statutes?

Are all customer forms and media advertisements relating to financing approved by counsel?

Any E&O losses in past 5 years? Describe.

Product Defense:

Describe all product related defense claims in the past 5 years.

Please Provide the Following Information for Each Owned Location

Location 1:

Insured's NEW Vehicles:

Total Values (include *floor plan vehicles to be insured by account*):

of Vehicles:

Brand of Vehicle (Toyota, Ford, etc.):

Used OPEN lot exposures:

Total Values:

of vehicles:

New exposures-Floor Plan:

Brand of Vehicle:

Floored with (I) Insured or (M) Manufacturer?

Total Values to be insured *by account*:

Total Values to be insured *by manufacturer (for information only- not included on policy)*:

Location 2:

Insured's NEW Vehicles:

Total Values (include *floor plan vehicles to be insured by account*):

of Vehicles:

Brand of Vehicle (Toyota, Ford, etc.):

Used OPEN lot exposures:

Total Values:

of vehicles:

New exposures-Floor Plan:

Brand of Vehicle:

Floored with (I) Insured or (M) Manufacturer?

Total Values to be insured *by account*:

Total Values to be insured *by manufacturer (for information only- not included on policy)*:

Location 3:

Insured's NEW Vehicles:

Total Values (include *floor plan vehicles to be insured by account*):

of Vehicles:

Brand of Vehicle (Toyota, Ford, etc.):

Used OPEN lot exposures:

Total Values:

of vehicles:

New exposures-Floor Plan:

Brand of Vehicle:

Floored with (I) Insured or (M) Manufacturer?

Total Values to be insured *by account*:

Total Values to be insured *by manufacturer (for information only- not included on policy)*:

Location 4:

Insured's NEW Vehicles:

Total Values (Include *floor plan vehicles to be insured by account*):

of Vehicles:

Brand of Vehicle (Toyota, Ford, etc.):

Used OPEN lot exposures:

Total Values:

of vehicles:

New exposures-Floor Plan:

Brand of Vehicle:

Floored with (I) Insured or (M) Manufacturer?

Total Values to be insured *by account*:

Total Values to be insured *by manufacturer (for information only- not included on policy)*:

Location 5:

Insured's NEW Vehicles:

Total Values (Include *floor plan vehicles to be insured by account*):

of Vehicles:

Brand of Vehicle (Toyota, Ford, etc.):

Used OPEN lot exposures:

Total Values:

of vehicles:

New exposures-Floor Plan:

Brand of Vehicle:

Floored with (I) Insured or (M) Manufacturer?

Total Values to be insured *by account*:

Total Values to be insured *by manufacturer (for information only- not included on policy)*:

Location 6:

Insured's NEW Vehicles:

Total Values (Include *floor plan vehicles to be insured by account*):

of Vehicles:

Brand of Vehicle (Toyota, Ford, etc.):

Used OPEN lot exposures:

Total Values:

of vehicles:

New exposures-Floor Plan:

Brand of Vehicle:

Floored with (I) Insured or (M) Manufacturer?

Total Values to be insured *by account*:

Total Values to be insured *by manufacturer (for information only- not included on policy)*:

Location 7:

Insured's NEW Vehicles:

Total Values (include *floor plan vehicles to be insured by account*):

of Vehicles:

Brand of Vehicle (Toyota, Ford, etc.):

Used OPEN lot exposures:

Total Values:

of vehicles:

New exposures-Floor Plan:

Brand of Vehicle:

Floored with (I) Insured or (M) Manufacturer?

Total Values to be insured *by account*:

Total Values to be insured *by manufacturer (for information only- not included on policy)*:

Location 8:

Insured's NEW Vehicles:

Total Values (include *floor plan vehicles to be insured by account*):

of Vehicles:

Brand of Vehicle (Toyota, Ford, etc.):

Used OPEN lot exposures:

Total Values:

of vehicles:

New exposures-Floor Plan:

Brand of Vehicle:

Floored with (I) Insured or (M) Manufacturer?

Total Values to be insured *by account*:

Total Values to be insured *by manufacturer (for information only- not included on policy)*:

Location 9:

Insured's NEW Vehicles:

Total Values (include *floor plan vehicles to be insured by account*):

of Vehicles:

Brand of Vehicle (Toyota, Ford, etc.):

Used OPEN lot exposures:

Total Values:

of vehicles:

New exposures-Floor Plan:

Brand of Vehicle:

Floored with (I) Insured or (M) Manufacturer?

Total Values to be insured *by account*:

Total Values to be insured *by manufacturer (for information only- not included on policy)*:

Location 10:

Insured's NEW Vehicles:

Total Values (Include *floor plan vehicles to be insured by account*):

of Vehicles:

Brand of Vehicle (Toyota, Ford, etc.):

Used OPEN lot exposures:

Total Values:

of vehicles:

New exposures-Floor Plan:

Brand of Vehicle:

Floored with (I) Insured or (M) Manufacturer?

Total Values to be Insured *by account*:

Total Values to be Insured *by manufacturer (for information only- not included on policy)*:

***** Use additional page if more locations needed *****

Once completed, please proceed to the (1) Location Detail or (2) NA Location Detail tab depending on the location of the garage.

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

Y/N

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

4. ANY CATASTROPHE EXPOSURE?

5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?

6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)

7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)

9. ANY UNCORRECTED FIRE CODE VIOLATIONS?

10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?

11. HAS BUSINESS BEEN PLACED IN A TRUST?
IF "YES", NAME OF TRUST:

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - 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 POLICY 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 ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE / /

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

LINE	CATEGORY											
GENERAL COMMERCIAL LIABILITY	CARRIER											
	POLICY NUMBER											
	POLICY TYPE											
	RETRO DATE	CLAMS MADE	OCCURRENCE	CLAMS MADE	OCCURRENCE	CLAMS MADE	OCCURRENCE	CLAMS MADE	OCCURRENCE	CLAMS MADE	OCCURRENCE	
	EFF-EXP DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	GENERAL AGGREGATE											
	PRODUCTS COMP OP AGGREGATE											
	PERSONAL & ADV INJ											
	EACH OCCURRENCE											
	FIRE DAMAGE											
	MEDICAL EXPENSE											
	BODILY OCCURRENCE											
	INJURY AGGREGATE											
	PROPERTY OCCURRENCE											
	DAMAGE AGGREGATE											
COMBINED SINGLE LIMIT												
MODIFICATION FACTOR												
TOTAL PREMIUM												
AUTOMOBILITY	CARRIER											
	POLICY NUMBER											
	POLICY TYPE											
	EFF-EXP DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	COMBINED SINGLE LIMIT											
	BODILY EA PERSON											
	INJURY EA ACCIDENT											
	PROPERTY DAMAGE											
MODIFICATION FACTOR												
TOTAL PREMIUM												
PROPERTY	CARRIER											
	POLICY NUMBER											
	POLICY TYPE											
	EFF-EXP DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	BUILDING AMT											
	PERS PROP AMT											
MODIFICATION FACTOR												
TOTAL PREMIUM												
FIDELITY	CARRIER											
	POLICY NUMBER											
	POLICY TYPE											
	EFF-EXP DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	LIMIT											
	MODIFICATION FACTOR											
TOTAL PREMIUM												

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

CHK HERE IF NONE SEE ATTACHED LOSS SUMMARY CLAIM STATUS OPEN/CLSD

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
/ /			/ /			
/ /			/ /			
/ /			/ /			
/ /			/ /			

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS STATE SUPPLEMENT(S) (if applicable)



PROPERTY SECTION

DATE (MM/DD/YYYY) / /

AGENCY	PHONE (903) 897-9090 FAC. No. Ext: (903) 897-0062 Fax, No: (903) 897-0062	APPLICANT (First Name Insured)	
McLeckie Insurance Group 120 Main Street P O Box 770 Naples TX 75568-		EFFECTIVE DATE	EXPIRATION DATE
AGENCY CUSTOMER ID:	CODE: SUB CODE:	FOR COMPANY USE ONLY	DIRECT BILL AGENCY BILL
PREMISES INFORMATION		STREET ADDRESS:	
SUBJECT OF INSURANCE	BUILDING #:	BLDG DESCRIPTION:	VALU. CAUSES OF LOSS GUARD %
AMOUNT	COMS %	ATON	DED
			BLKT
			FORMS AND CONDITIONS TO APPLY
			PAYMENT PLAN
			AUDIT

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION		
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT DEDUCTIBLE
<input type="checkbox"/>		\$ \$
		REFRIG MAINT AGREEMENT (Y/N)
		<input type="checkbox"/>

OF OPEN SIDES ON STRUCTURE:

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE DISTRICT CODE	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
WIRING, YR:	HEATING, YR:	WIND CLASS	SEMI-RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)			
ROOFING, YR:		RESISTIVE	FRONT EXPOSURE & DISTANCE	IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)			
OTHER:	YR:		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION				
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDSWATCHMEN	CENTRAL STATION			
PREMISES FIRE PROTECTION (sprinklers, standpipes, CO2/chemical systems)	% SPRINK	FIRE ALARM MANUFACTURER	CENTRAL STATION				
			LOCAL GONG				

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST	LOSS PAYEE HORSE GAUGE			
	ITEM DESCRIPTION:			
		LOCATION:	BUILDING:	SCHEDULED ITEM NUMBER:
		OTHER:		

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GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY) / /

AGENCY McLeckie Insurance Group 120 Main Street P O Box 770 Naples TX 75568-	PHONE (A/C, No, Ext): (903) 897-9090	APPLICANT (First Named Insured)	EFFECTIVE DATE / /	EXPIRATION DATE / /	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
	FAX (A/C, No): (903) 897-0062						
CODE:	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID:							

BUSINESS/VEHICLE STORAGE INFORMATION

AUTO SERVICE OPERATIONS OR TRAILER SALES	AUTO DEALERS		VEHICLE STORAGE		
	FRANCHISED	NON-FRANCHISED	TYPE OF FACILITY		LOCATION #
REPAIR SHOP			CAR	%	
MOBILE HOME TRAILER DEALER			TRUCK-TRACTOR	%	
SERVICE STATION			MOTORCYCLE	%	BUILDING
COMMERCIAL TRAILER DEALER			RECREATIONAL VEHICLE	%	STANDARD OPEN LOT
STORAGE/GARAGE/PUBLIC PARKING			SNOWMOBILE	%	NON-STANDARD OPEN LOT

COVERAGES/LIMITS**USE ACORD 138 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION****AUTO DEALERS OPERATORS**

CLASS OF OPERATORS		BY LOCATION NUMBER		DEFINITIONS
CLASS I	REGULAR OPERATORS			CLASS I - EMPLOYEES REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO.
	EMPLOYEES	ALL OTHERS		
CLASS II	UNDER AGE 25			CLASS II - NON-EMPLOYEES ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO. INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I. NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH. 2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT.
	NON-EMPLOYEES	ALL OTHERS		

DEALERS PHYSICAL DAMAGE**NON-DEALERS PREMISES & OPERATIONS**

COVERAGE	NEW	USED	YOUR INTEREST IN COVERED AUTOS YOU OWN	YOUR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS	LOC #	ESTIMATED ANNUAL REMUNERATION	# EMPLOYEES
COMPREHENSIVE							\$.
SPECIFIED PERILS							\$.
COLLISION							\$.

SERVICE OR REPAIR SHOPS

ANNUAL GROSS SALES \$	NUMBER OF GALLONS OF GAS PUMPED PER YEAR:
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DRIVER INFORMATION**ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	USE VEH #	% USE
				/ /			- -		/ /		
				/ /			- -		/ /		
				/ /			- -		/ /		
				/ /			- -		/ /		
				/ /			- -		/ /		
				/ /			- -		/ /		
				/ /			- -		/ /		
				/ /			- -		/ /		
				/ /			- -		/ /		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?				11. DOES APPLICANT USE TOW TRUCKS?			
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?				12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?			
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?				13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?			
4. IS TIRE RECAPPING OR RETREADING PERFORMED?				14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)			
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?				15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)			
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?				16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc)			
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?				17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?			
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?				18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?			
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?							
10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?							

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> EMPLOYEE AS LESSOR					VEHICLE: SCHEDULED ITEM NUMBER: OTHER:
ITEM DESCRIPTION:					
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> EMPLOYEE AS LESSOR					VEHICLE: SCHEDULED ITEM NUMBER: OTHER:
ITEM DESCRIPTION:					

REMARKS

ACORD™ CRIME SECTION

DATE (MM/DD/YYYY) / /

AGENCY PHONE (A/C, No, Ext): (903) 897-9090 McLekie Insurance Group 120 Main Street P O Box 770 Naples TX 75568-		APPLICANT (First Name & Insured) EFFECTIVE DATE / / EXPIRATION DATE / /		DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
CODE: AGENCY CUSTOMER ID:	SUB CODE:	FOR COMPANY USE ONLY			BASIS FOR COVERAGE <input type="checkbox"/> DISCOVERY <input type="checkbox"/> LOSS SUSTAINED	

FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE	FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE	
A	EMPLOYEE DISHONESTY			E	PREMISES BURGLARY	\$		
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$			F	COMPUTER FRAUD	\$	
	ERISA				G	EXTORTION (Ins Loss Participation %)	\$	
	TOTAL ASSET VALUE \$	\$		H	PREMISES THEFT & ROBBERY OUTSIDE			
B	FORGERY OR ALTERATION	\$		H	SEC 1 - THEFT	\$		
C	THEFT, DISAPPEARANCE & DESTRUCTION				SEC 2 - ROBBERY OUTSIDE	\$		
	SEC 1 - INSIDE THE PREMISES	\$			<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE			
	SEC 2 - OUTSIDE THE PREMISES	\$		Q	ROBBERY & SAFE BURGLARY			
<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE			MONEY & SECURITIES					
D	ROBBERY & SAFE BURGLARY	\$			SEC 1 - INSIDE THE PREMISES	\$		
	SEC 1 - INSIDE: ROBBERY OF CUSTOMERS SAFE BURGLARY	\$		SEC 2 - OUTSIDE THE PREMISES	\$			
	SEC 2 - OUTSIDE THE PREMISES	\$		<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE				
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE							

COVERAGE AMENDMENTS (Endorsements)

ERISA EMPLOYEE DISHONESTY - ADDITIONAL INFORMATION (Coverage Form A)

NAME OF PLAN	PRINCIPAL ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS

IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? YES NO

CLASSIFICATION OF EMPLOYEES/LOCATIONS (Coverage Forms A & B)

LIST ALL OFFICERS AND EMPLOYEES (including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COMPANIES HANDLING REFINED GASOLINE AND OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPeOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE

NUMBER OF OFFICERS: TOTAL NUMBER OF OTHER EMPLOYEES: MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS: ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:

CONTROLS (Coverage Form A)

1. IS THERE AN AUDIT BY? <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER: 2. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER: 3. DOES AUDIT INCLUDE INVENTORY? YES NO 4. AUDIT REPORT IS RENDERED TO: OWNER PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER:	BANKING / OTHER	5. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? YES NO
		6. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?
		7. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?
		8. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?

MONEY - SECURITIES (Covers Forms C or Q - Blanket Coverage, By Locations)

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK/SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	\$
MESSENGER #2	\$	\$	\$	\$	\$	\$

PROPERTY (Coverage Forms D, E, & H)

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC	MAXIMUM VALUE

GENERAL INFORMATION (All Coverage Forms Except A & B)

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY	FREQUENCY OF DEPOSITS	NIGHT DEPOSIT USED	ANNUAL GROSS SALES FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYL. INNER DOOR LOCKS?	OTHER INFORMATION

SAFEVAULT (Coverage Forms C, D & Q)

MANUFACTURER	LABEL	CLASS	DOOR TYPE			COMBINATION LOCKS			THICKNESS
			ROUND	SQUARE	OTHER	INNER	OUTER	INNER	
	UL								
	SMNA								
	UL								
	SMNA								

MESSENGER PROTECTION (Coverage Forms C, D & Q)

MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?	MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?

PREMISES/SAFE PROTECTION (Coverage Forms C, D, E & H)

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY			# GUARDS	WATCH PERSONS
			SAFEVAULT	PREMISES						
HOLD-UP	LOCAL GONG									
PREMISES	CENTRAL STATION		PARTIAL	1	2	3				
SAFE	POLICE CONNECT		COMPLETE							
CERTIFICATE NUMBER	ACCESSIBLE OPENINGS & PROTECTION									
	OTHER PROTECTION (Fences, Floodlights, etc)									

EXPIRATION DATE: / /

AUDIT PROCEDURES - SAA COMMERCIAL CRIME POLICY

1. AUDIT BY CPA, PUBLIC ACCOUNTANT OR EQUIVALENT, INDEPENDENT OF YOUR ORGANIZATION? <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> NONE	YES	NO
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT		
3. ALL LOCATIONS AUDITED?		
4. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? IF NO, EXPLAIN SCOPE OF AUDIT.		
5. IS THE AUDIT REPORT RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION?		
6. DATE OF COMPLETION OF LAST AUDIT OF: CASH & ACCOUNTS / / INVENTORY / /		
7. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? IF "YES", SUBMIT A COPY OF THE AUDIT AND AUDITOR'S COMMENTS.		
8. IS THERE AN INTERNAL AUDIT BY AN INTERNAL AUDIT DEPARTMENT UNDER THE CONTROL OF AN EMPLOYEE WHO IS A PUBLIC ACCOUNTANT OR EQUIVALENT IF "YES", ARE THE REPORTS RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION?		

INTERNAL CONTROLS OTHER THAN AUDIT PROCEDURES - SAA COMMERCIAL

EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES	NO
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?		
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED?		
3. ARE SECURITIES SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?		

REMARKS

--

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THERE TO, COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY-SUBSTANTIAL) CIVIL PENALTIES (Not applicable in CO, HI, NE, OH, OK, OR or VT, in DC, LA, ME, IN and VA insurance benefits may also be denied).

ACORD™ ADDITIONAL INTEREST

DATE (MM/DD/YYYY) / /

AGENCY	PHONE (A/C, No, Ext): (903) 897-9090 FAX (A/C, No): (903) 897-0062	APPLICANT (First Named Insured)	PHONE (A/C, No, Ext): () -
McLeckie Insurance Group 120 Main Street P O Box 770 Naples TX 75568-		EFFECTIVE DATE	EXPIRATION DATE
CODE:	SUB CODE:		CO/PLAN
AGENCY CUSTOMER ID		POLICY NUMBER:	
		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:
<input type="checkbox"/>	LOSS PAYEE				BUILDING:
<input type="checkbox"/>	MORTGAGEE				VEHICLE:
<input type="checkbox"/>	LIENHOLDER				BOAT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
OTHER					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:
<input type="checkbox"/>	LOSS PAYEE				BUILDING:
<input type="checkbox"/>	MORTGAGEE				VEHICLE:
<input type="checkbox"/>	LIENHOLDER				BOAT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
OTHER					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:
<input type="checkbox"/>	LOSS PAYEE				BUILDING:
<input type="checkbox"/>	MORTGAGEE				VEHICLE:
<input type="checkbox"/>	LIENHOLDER				BOAT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
OTHER					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:
<input type="checkbox"/>	LOSS PAYEE				BUILDING:
<input type="checkbox"/>	MORTGAGEE				VEHICLE:
<input type="checkbox"/>	LIENHOLDER				BOAT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
OTHER					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:
<input type="checkbox"/>	LOSS PAYEE				BUILDING:
<input type="checkbox"/>	MORTGAGEE				VEHICLE:
<input type="checkbox"/>	LIENHOLDER				BOAT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
OTHER					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:
<input type="checkbox"/>	LOSS PAYEE				BUILDING:
<input type="checkbox"/>	MORTGAGEE				VEHICLE:
<input type="checkbox"/>	LIENHOLDER				BOAT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
OTHER					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:
<input type="checkbox"/>	LOSS PAYEE				BUILDING:
<input type="checkbox"/>	MORTGAGEE				VEHICLE:
<input type="checkbox"/>	LIENHOLDER				BOAT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
OTHER					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:
<input type="checkbox"/>	LOSS PAYEE				BUILDING:
<input type="checkbox"/>	MORTGAGEE				VEHICLE:
<input type="checkbox"/>	LIENHOLDER				BOAT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
OTHER					

ACORD, VEHICLE SCHEDULE

DATE (MM/DD/YYYY) / /

AGENCY PHONE (903) 897-9090
 FAX (903) 897-0062
 McLeckie Insurance Group
 120 Main Street
 Naples TX 75568-
 CODE: SUB CODE:
 AGENCY CUSTOMER ID

APPLICANT (First Name Insured)
 EFFECTIVE DATE / / EXPIRATION DATE / /
 DIRECT BILL AGENCY BILL PAYMENT PLAN AUDIT
 FOR COMPANY USE ONLY

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	TERR	CLASS	SIC	VEHICLE TYPE	FACTOR	SEAT CP	SYMAGE	COST NEW
									PP	SPEC	COML		
CITY STATE, ZIP WHERE GARAGED				LIC STATE									
DRIVE TO WORK/SCHOOL		USE	COMMTL	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES AA	ACV	COMP	SPEC C OF L
< 15 MILES		PLEASURE	RETAIL	LAB NO. FAULT	MED PAY UNINS MOTOR		FT	COMP					
15 MILES +		FARM	SERVICE				FTW	COLL					COLL
TOTAL PREM \$													
									PP	SPEC	COML		
CITY STATE, ZIP WHERE GARAGED				LIC STATE									
DRIVE TO WORK/SCHOOL		USE	COMMTL	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES AA	ACV	COMP	SPEC C OF L
< 15 MILES		PLEASURE	RETAIL	LAB NO. FAULT	MED PAY UNINS MOTOR		FT	COMP					
15 MILES +		FARM	SERVICE				FTW	COLL					COLL
TOTAL PREM \$													
									PP	SPEC	COML		
CITY STATE, ZIP WHERE GARAGED				LIC STATE									
DRIVE TO WORK/SCHOOL		USE	COMMTL	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES AA	ACV	COMP	SPEC C OF L
< 15 MILES		PLEASURE	RETAIL	LAB NO. FAULT	MED PAY UNINS MOTOR		FT	COMP					
15 MILES +		FARM	SERVICE				FTW	COLL					COLL
TOTAL PREM \$													
									PP	SPEC	COML		
CITY STATE, ZIP WHERE GARAGED				LIC STATE									
DRIVE TO WORK/SCHOOL		USE	COMMTL	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES AA	ACV	COMP	SPEC C OF L
< 15 MILES		PLEASURE	RETAIL	LAB NO. FAULT	MED PAY UNINS MOTOR		FT	COMP					
15 MILES +		FARM	SERVICE				FTW	COLL					COLL
TOTAL PREM \$													
									PP	SPEC	COML		
CITY STATE, ZIP WHERE GARAGED				LIC STATE									
DRIVE TO WORK/SCHOOL		USE	COMMTL	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES AA	ACV	COMP	SPEC C OF L
< 15 MILES		PLEASURE	RETAIL	LAB NO. FAULT	MED PAY UNINS MOTOR		FT	COMP					
15 MILES +		FARM	SERVICE				FTW	COLL					COLL
TOTAL PREM \$													
									PP	SPEC	COML		
CITY STATE, ZIP WHERE GARAGED				LIC STATE									
DRIVE TO WORK/SCHOOL		USE	COMMTL	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES AA	ACV	COMP	SPEC C OF L
< 15 MILES		PLEASURE	RETAIL	LAB NO. FAULT	MED PAY UNINS MOTOR		FT	COMP					
15 MILES +		FARM	SERVICE				FTW	COLL					COLL
TOTAL PREM \$													

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