



RISK # _____

INSURED: _____ CO/POL# _____ UMBR? _____
 VEHICLE: YEAR _____ MAKE _____ MODEL _____ TYPE _____
 IF PICKUP OR VAN: COST NEW _____ GVW _____ CUSTOM EQUIPMENT? _____
 IF CUSTOMIZED, DO YOU WANT TO INSURE EQUIPMENT? _____
 ADDITIONAL VEHICLE? _____ OR TRANSFER FROM _____ VEH# _____
 NEED PII? _____ IF NO, REASON EXEMPT OR WAIVED _____

- Air Bags or Automatic Seatbelts? _____
- Anti-Theft Device? _____
- Is the vehicle used in business? _____ If yes, describe business use and frequency _____
- Who is the primary driver? _____
- Who are occasional drivers? _____
- Is the vehicle equipped with: Telephone _____
- CB Radio _____ Two-Way Mobile Radio _____
- Scanning Monitor Receiver _____
- OEM? _____
- If yes, want to insure? _____
- Estimated Annual Mileage _____
- MISC _____

PART COVERAGE OPTIONS

A/C/D COVERAGES PURCHASED

- | | |
|---|--|
| <p>1 Bodily Injury to Others: 20/40 Limit</p> <p>2 Personal Injury Protection: Deductible Options:
 \$100, \$250, \$500, \$1000, \$2000, \$4000, \$8000
 for Yourself or Yourself & Household Members</p> <p>3 Bodily Injury Caused by an Uninsured Motorist: 20/40 Minimum
 Options: 20/50, 25/50, 35/80, 50/100, 100/300, 250/500, 500/500</p> <p>4 Damage to Someone Else's Property: \$5000 Minimum
 Options: \$10,000, \$25,000, \$50,000, \$100,000, \$250,000</p> <p>5 Bodily Injury to Others: 20/40 Minimum
 Options: 20/50, 25/50, 35/80, 50/100, 100/300, 250/500, 500/500</p> <p>6 Medical Payments:
 Options: \$5000, \$10000, \$15000, \$20000, \$25000</p> <p>7 Collision Including the Waiver:
 Deductible Options: \$300, \$500, \$1000, \$2000</p> <p>8 Limited Collision:
 Deductible Options: \$0, \$300, \$500</p> <p>9 Comprehensive:
 Deductible Options: \$300, \$500, \$1000, \$2000
 \$100 Glass Deductible _____</p> <p>10 Substitute Transportation:
 Options: \$15/\$450, \$30/\$900, \$45/\$1350, \$100/\$3000</p> <p>11 Towing and Labor:
 Options: \$25/disablement OR \$50/disablement</p> <p>12 Bodily Injury Caused by an Underinsured Motorist:
 Options: 20/40, 20/50, 25/50, 35/80, 50/100, 100/300, 250/500, 500/500</p> | <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 _____</p> <p>8 _____</p> <p>9 _____</p> <p>10 _____</p> <p>11 _____</p> <p>12 _____</p> |
|---|--|

Each of the above coverages were explained to me and I understand the limits and coverages I have purchased.

COMMENTS OR OTHER CHANGES: _____

THIS CHANGE WILL BECOME EFFECTIVE: _____

SIGNATURE OF INSURED: _____ DATE: _____ CSR: _____