

Policy will be quoted with the following limits:

Liability Limit: \$1,000,000 Combined Single Limit \$ 300,000 Combined Single Limit
 \$ 100,000 Combined Single Limit \$_____/_____ Split Limits

Hired Auto: Yes No

Non-Owned Automobile Liability: No Yes 1,000,000 Combined Single Limit

Medical Payments Limit Selection :

\$500 \$1,000 Other: _____

Uninsured / Underinsured Motorist Limit Selection:

\$100,000 \$500,000 \$1,000,000

Radius of Operations:

0 – 50 miles 51 – 100 miles 101 – 200 miles Over 201 miles

Please list all Vehicles Titled or Leased under the Business Name. Attach additional sheet if needed.

| Year | Make | Model | Vehicle ID No | Cost New | Comprehensive Deductible | Collision Deductible |
|------|------|-------|---------------|-------------|-----------------------------|-------------------------|
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| | | | | | | |

Any Loss Payees to be listed on policy? _____

Any Additional Insureds to be listed on policy? _____

SIGNATURE: _____

_____ **Date**