

Name **Application**

CANCELLATION 06/21/2011

## 11. COVERAGE LIMITS REQUESTED - Please check and complete limits and deductibles for the desired coverages

COVERAGE TYPE	LIMIT	DEDUCTIBLE		
<b>A. COMMERCIAL GENERAL LIABILITY</b>				
<input type="checkbox"/> \$2,000,000 GENERAL AGGREGATE	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> CGL OTHER LIMIT	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> EACH OCCURRENCE LIMIT	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> PRODUCT COMPLETION	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> PERSONAL INJURY LIMIT	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> FIRE DAMAGE LIMIT	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> MEDICAL EXPENSE LIMIT	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> OTHER	<input type="text"/>	<input type="text"/>		
<b>B. PRIMARY AUTO LIABILITY</b>				
<input checked="" type="checkbox"/> \$1,000,000 CSL	\$1,000,000.00	\$250.00		
<input type="checkbox"/> OTHER CSL	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> NON TRUCKING CSL	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> UNINSURED MOTORIST	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> UNDERINSURED MOTORIST	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> HIRED AUTO	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> NON OWNED AUTO	<input type="text"/>	<input type="text"/>		
<input checked="" type="checkbox"/> SCHEDULED AUTO	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> MEDICAL PAYMENTS	<input type="text"/>	<input type="text"/>		
<b>C. GARAGE WHSE LIABILITY</b>				
<input type="checkbox"/> AGGREGATE	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> AUTO ONLY	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> OTHER THAN AUTO	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> EACH ACCIDENT	<input type="text"/>	<input type="text"/>		
<b>D. EXCESS LIABILITY</b>				
<input type="checkbox"/> UMBRELLA FORM AGGREGATE	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> UMBRELLA FORM EACH OCCURENCE	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> OTHER THAN UMBRELLA FORM AGGREGATE	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> OTHER THAN UMBRELLA EACH OCCUR	<input type="text"/>	<input type="text"/>		
<b>E. WORKER'S COMPENSATION</b>				
<input type="checkbox"/> EMPLOYER'S LIABILITY	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> EMPLOYER'S LIABILITY EACH ACCIDENT	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> EMPLOYERS LIABILITY EACH DISEASE	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> OWNERS/OFFICERS/SHAREHOLDERS INCLUDED	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> OWNERS/OFFICERS/SHAREHOLDERS EXCLUDE	<input type="text"/>	<input type="text"/>		
<b>F. PHYSICAL DAMAGE</b>				
<input checked="" type="checkbox"/> TOTAL LIMIT	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> COLLISION DEDUCTIBLE	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> COMPREHENSIVE DEDUCTIBLE	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> SPECIFIED PERILS	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> TRAILER INTERCHANGE	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> HIRED AUTO	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> NON OWNED	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> SCHEDULED AUTO	<input type="text"/>	<input type="text"/>		
<b>G. CARGO COVERAGE</b>			<b>REEFER DEDUCTIBLE</b>	<b>THEFT DEDUCTIBLE</b>
<input type="checkbox"/> \$100,000 LIMIT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> CARGO OTHER LIMIT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> EXCESS LIMIT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> CARGO ON HOOK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>H. COMMERCIAL UMBRELLA</b>				
<input type="checkbox"/> LIMIT	<input type="text"/>	<input type="text"/>		
<b>I. INLAND MARINE</b>				
<input type="checkbox"/> LIMIT	<input type="text"/>	<input type="text"/>		
<b>J. PROPERTY</b>				
<input type="checkbox"/> LIMIT	<input type="text"/>	<input type="text"/>		

Thank you for taking the time to complete this application. We appreciate your cooperation. Along with the application, please fax back the following documentation:

- Last 3 Year Loss Runs, if not listed in Section 9. Carrier Lost History
- Vehicle and Drivers Lists, if not listed in Section 6. Vehicle Info and Section 7. Driver Info
- MVR'S - IFTA Reports For Last 4 Quarters
- Financial Statement - Any additional information if not listed on Application

Please feel free to contact us with any questions you may have. We look forward to doing business with you.

SIGNATURE OF INSURED

SIGNATURE OF AGENT

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