

COVERAGE		LIMITS OF LIABILITY		PREMIUM
LIABILITY	Bodily Injury and Property Damage (CSL)	\$	each Accident	
	Medical Payments	\$	each Person	
	Uninsured and/or Underinsured Motorists Coverage	\$	(Indicate Limits and Coverage Applicable)	
	Personal Injury Protection	\$	each Person	
	Property Protection (Michigan Only)			
PHYSICAL DAMAGE	Comprehensive	Stated Amount less \$	Deductible	
	Collision	Stated Amount less \$	Deductible	
	TOTAL			

SCHEDULE OF VEHICLES

UNIT NO.	YEAR MODEL	TRADE NAME	TRUCK TRACTOR TRAILER	COMPLETE SERIAL NUMBER	MAX. GROSS WEIGHT VEHICLE & LOADS (lbs)	PRINCIPAL CITY AND STATE OF GARAGING
1.						
2.						
3.						
4.						
5.						

PHYSICAL DAMAGE COVERAGES

UNIT NO.	YOUR COST OF CHASSIS, BODY & EQUIPMENT	DATE OF PURCHASE	STATED AMOUNT	DEDUCTIBLES DESIRED		LOSS PAYEES (NAME & ADD (INDICATE APPLICABLE UNIT))
				COMP. DED.	COLL. DED.	
1.						
2.						
3.						
4.						
5.						

Applicant, please read the Statement of Coverage Understanding below before answering this question.

Is any unit shown above used for hauling of any goods or products while not under lease to others? Yes No
 Explain any "yes" answer _____

STATEMENT OF COVERAGE UNDERSTANDING

I acknowledge that the automobile liability coverage I am applying for on this application is "Non-Trucking" coverage only and I am aware and accept that the policy I will receive contains the following exclusion:
 "This insurance does not apply to 'Bodily Injury' or 'Property Damage' while a covered 'auto' is used to carry property in any business or while a covered 'auto' is used in the business of anyone to whom the 'auto' is leased or rented."

Have you included a properly signed Empire Rejection/Selection Form for Uninsured/Underinsured Motorists (UM/UIM) and/or Personal Injury Protection Coverage (PIP)?
 Yes No

THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES.

Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued. The applicant also acknowledges having read the Statement of Coverage Understanding above.

APPLICABLE IN FLORIDA STATE

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.

APPLICABLE IN NEW YORK STATE

Any person who knowingly and with intent to defraud any insurance company or other 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Date _____ Agent's _____ Applicant's Signature _____
 Agent's _____ Agent's _____
 Name _____ License # _____ Address _____