

**ACORD** PENNSYLVANIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER <b>Kennel Pak Insurance</b>	APPLICANT (First Named Insured)
---	---------------------------------

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	X 1 4 9 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$			
FIRST PARTY BENEFITS	5 7	MED EXP \$ FUNERAL \$ WK LOSS \$ ACC DTH \$	<b>PHYSICAL DAMAGE</b>		
TORT OPTION	5 7	LTD <input type="checkbox"/> FULL <input checked="" type="checkbox"/>	TOWING & LABOR	3 7	\$
COMBINATION FIRST PARTY BEN	5 7	TOT BEN LMT \$ FU-NERAL \$ ACC \$ DTH \$	COMPREHENSIVE	2 4 8 3 7	
EXTRAORD MED BEN	5 7	\$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
MEDICAL PAYMENTS	X 2 4 8 3 7	EACH PERSON \$	COLLISION	2 4 8 3 7	
UNINSURED MOT	X 2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
UNDERINS MOT	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
HIRED/BORROWED LIABILITY	X YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input checked="" type="checkbox"/>	STATES	# DAYS	# VEH
NON-OWNED LIABILITY	X YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE	COVERAGE/DEDUCTIBLE <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGE IS:	PRIMARY	SECONDARY

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
LIABILITY	41 46 42 47 43 50	CSL BI EA PER \$ BI EACH ACCIDENT \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
FIRST PARTY BENEFITS	45 47	MED EXP \$ FUNERAL \$ WK LOSS \$ ACC DTH \$	COMPREHENSIVE	42 46 43 47		\$
TORT OPTION	45 47	LTD <input type="checkbox"/> FULL <input type="checkbox"/>	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$
COMBINATION FIRST PARTY BEN	44 46	TOT BEN LMT \$ FU-NERAL \$ ACC \$ DTH \$	COLLISION	42 46 43 47		\$
EXTRAORD MED BEN	44 46	\$	TOWING & LABOR	46	\$	
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	<b>TRAILER INTERCHANGE</b>			
UNINSURED MOT	42 46 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
UNDERINS MOT	42 46 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$	COMPREHENSIVE	48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	SPECIFIED CAUSES OF LOSS	48 49		
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	COLLISION	48 49		\$
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	STATES	# DAYS	# VEH	
OTHER			HIRED PHYSICAL DAMAGE	COVERAGE IS: PRIMARY SECONDARY		
OTHER			OTHER			
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY		

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	61	67	COMPREHENSIVE	62	67	\$			
	62	68		63	68				
	63	71		64					
	64								
FIRST PARTY BENEFITS	65	MED EXP \$ FUNERAL \$	SPECIFIED CAUSES OF LOSS	62	67	\$			
	67	WK LOSS \$ ACC DTH \$		63	68				
TORT OPTION	65	LTD FULL							
COMBINATION FIRST PARTY BEN	65	TOT BEN LMT \$ FU- NERAL \$ ACC DTH \$	COLLISION	62	67	\$			
	67			63	68				
EXTRAORD MED BEN	65	\$		64					
MEDICAL PAYMENTS	62	EACH PERSON \$	TOWING & LABOR	63	\$				
	63			67					
UNINSURED MOT STACKED	62	66	<b>TRAILER INTERCHANGE</b>						
	63	67	<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>STATE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>
NON-STKD	62	66	COMPREHENSIVE	69					
	63	67		70					
UNDERINS MOT STACKED	62	66	SPECIFIED CAUSES OF LOSS	69					
	63	67		70					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COLLISION	69					
	NO			70					
HIRED/BORROWED LIABILITY	YES	STATES	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO								
NON-OWNED AUTO LIABILITY	YES	STATES		COVERAGE IS:		PRIMARY	SECONDARY		
	NO								
OTHER			OTHER						

**ENDORSEMENTS**

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>PRODUCER'S SIGNATURE</b>
------------------------------	-------------	-----------------------------