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		IVERS, INCLUDING FAMILY MEMBERS THAT WIL	L DRIVI	СОМІ	ANY VEHICLES, AN	D EMPLO	YEES V	VHO DRIVE OWN VEHICLES ON	COMPAN	Y BUSINESS.				
DRIVE	R	NAME (Include address, if required)	SEX	MAR	DATE OF BIRTH	YRS	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	use
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GEN	IFRΔ	L INFORMATION												
		L "YES" RESPONSES												Y/N
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5. A	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Ir	clude c	ustom	zed vans / pickups	s)								
_		DESCRIPTION					DESC	PIRTION			-	net		

6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)

7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?

SPARAM LATER REPORTS  2. ANY VEHICLES USED BY FAMILY MEMBERS? If SO, IDENTIFY.  10. DOES THE APPLICANT DISTANTANCE VERBICATIONS?  11. DOES THE APPLICANT DISTANTANCE VERBICATIONS?  11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?  12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?  13. ANY VEHICLES CONNED BUT NOT SCHEDULED ON THIS APPLICATION?  14. ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?  15. INVAVIOUR LIGHT WAY ANY DRIVERS WITH CONNICTIONS FOR MOVING TRAFFIC VIOLATIONS?  APPLICABLE ONLY IN INABASE, LIGHES MARKEL LIGHT METHOD VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INABRED.  2. A specific busined of up to Riving Bash as occur in an INSENSITY BUSINESS OF SERVING AND ARE NOT REQUIRED TO BE REPORTED TO INABRED.  15. INVA AGENT INSENSECTED VEHICLES?  15. INVA AGENT INSENSECTED VEHICLES?  16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?  DESCRIPTION OF GANAGE /STORAGE LOCATIONS  ADDITIONAL INTEREST / CERTIFICATE RECIPIENT  ADDITIONAL RECIPIENT RECIPIENT RECIPIENT  ADDITIONAL INTEREST / CERTIFICATE RECIPIENT  ADDITIONAL INTEREST / CERTIFICATE RECIPIENT  ADDITIONAL INTERES / CERTIFICATE RECIPIENT  ADDITIONAL INTEREST / CERTIF	GENERAL INFORMATION (co	intinued)	AGENCY CUSTOMER ID:		
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ACORD 127 (2010/05) Page 2 of 3	REMARKS (Attach ACORD 10	)1, Additional Remarks Sch	edule, if more space is required)		
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## AGENCY CUSTOMER ID:

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LIC TERR						GVW /	GCW	GCW CLA		ASS SI		IC	FACTOR		SEAT CP		FAR		THEST TERMINAL			COST N		W	
USE				COI	MM'L	F	OR HIRE	CHE	ECK VERAGES		ADD'L N	D-	UNDRINS MOTOR	F	T	LSP		RENT	DED	UCTIBL	ES		cv	COMP/ OTC	SPEC C OF L
	PLE/	ASURE		RET	TAIL			-	LIAB	_	MED PA	,	TOWING	FT		COMP/ OTC		REIMB FG		AA		ST AM		OIC L	
	FARI	м		SEF	ا RVICE				NO-		UNINS	'	& LABOR SPEC C OF L	FTW		COLL			\$	77		OT AIVI	\$		COLL
DRI	/E TO	1	Т	4	15 MILE	-s	15 MILE	-S +	FAULT NET V	ΈΗ	MOTOR		COFL						<u> </u>						COLL
$\overline{}$	<u> (K/S</u> H#	CHOOL YEAR	1			-0	10 111122		DR/CF	₹:	BOD TYPI	Y						VEH	ICLE TY	AL PRE	:M: \$	SV	M / AGE	COMP / OTC SYM	COLL
			H	MAKE													PI		SPEC		COML	0.	III / AGE	OTC SYM	SYM
	AGIN	G	_	MODEL: ET (Required in KY)							Y.I.N	. <u>:</u>				COUNTY					OOWIL		STATE	ZIP	
	ADDRESS  LIC STATE  TERR			R GVW/			/ GCW (		CLA	ss	s	IC	FACTOR	SEAT C	ЭР	RADIUS		FART	THEST TI	ERMIN	AL			COST NE	w
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USE				COI	MM'L	F	OR HIRE	CO	ECK VERAGES	s	ADD'L N FAULT	D-	UNDRINS MOTOR	F		LSP	<u>Ш</u> ¦	RENT REIMB	DED	UCTIBL	ES	A	.cv	COMP/ OTC	SPEC C OF L
	PI F	ASURE		RE1	TAII				LIAB			.	TOWING	FT		COMP/									
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