AGENCY CUSTOMER ID:

AGENCY Atlas Insurance POLICY NUMBER HAWAII COMMERCIAL AUTO COVERAGES / LIMITS SECTION NAMED INSURED(S) DATE (MM/DD/YYYYY) DATE (MM/DD/YYYYY) AGENCY ARRIER NAIC CODE

Atlas Insurance																										
POLICY NUMBER											EFFECTI	VE DATE	CARRIER	₹											NAIC CODE	٦
BUSINESS AUTO	SEC	CTIO	N										•													
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PERSONAL INJURY		5					H	MANAG	ED CARE			OPTION	ν ,,									<u> </u>		—		_
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MEDICAL		2		4	L	8	EAC	H PERS	:ON		\$			SPECIFIED			2		4		8					
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NON-OWNED LIABILITY] ''					$\vdash\vdash$	EMPLO			\vdash			DAMAGE								\Box	COLL	\$		
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COVERED (1) ANY	ALITO						Ш	PARTN		NA/NIED	ALITOCO	THED THE	AN DDIVATE	DACCENCED		COVE	RAGE	: IS:		(7) (PRIMAR			SECONDARY	_
COVERED (1) ANY AUTO (2) OWN			ONL	Υ.									O NO-FAUL	E PASSENGER .T	AUTOS ON	NLY							DS ONLY	KIBE	D AUTOS	
SYMBOLS (3) OWN														JLSORY UNINS						(9) N	10N-(OWNE	D AUTOS	ONL	.Y	_
ENDORSEMENTS	/R	EMA	RK	3 (/	ACC	ORD 1	101,	Additi	onal R	emar	ks Sche	edule, n	nay be a	ttached if n	nore spa	ace i	s re	quire	:d)							

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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.									
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER						

COVERAGES	cc	VER	ED A	UTO SYMBOLS				LIMI	rs						PH	SICAL	DAMAG	E		
		41		46		CSL	BI EA F	PFR S	3		COVERA	GES	Δ11	OVE	RED MBOL	s		LIMITS		DEDUCTIE
LIABILITY		42		47	BIE	I EACH A	ACCIDENT							12		47				
		43		50	PR	OPERT	TY DAMAGE	5	3		COMP / OTC	;		13						\$
		44		•	\$		\$			PAY TION				16						
PERSONAL INJURY PROTECTION		46				OPTI			% DED \$					12		47	SCL	FT	LSP	
						CO P	ON				SPECIFIED CAUSES OF	LOSS		13			F	FT	W	\$
ADDITIONAL		44					EXP \$		WAGE LOSS \$				4	16						
P.I.P.		46				DTH BEN FUN	\$						<u> </u>	12		47				
		_	_	T	_	EXP	\$			ALT EXP	COLLISION		<u> </u>	13						\$
MEDICAL PAYMENTS	-	42		46	EAG	CH PE	RSON	ç	3					16						
	-	43	+		+	T	ТВ				TOWING & LABOR			16			\$			
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NON-TRUCKERS		YE		STATES	СО	ST OF	HIRE		IF ANY BAS	IS	SPECIFIED CAUSES OF	LOSS		19						
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TRUCKERS HIRED / BORROWED		YE	S	STATES	со	ST OF	HIRE		IF ANY BAS	IS	COLLISION		4	19						\$
LIABILITY		NO)		\$						TRAILER VA	LUE	\$							
		YE	S	STATES	GR	OUP T	YPE		NUM	BER OF	_	STA	TES	# [DAYS	# '	VEH			
NON-OWNED AUTO		NO)			EMP	LOYEES													
LIABILITY						VOL	UNTEERS				HIRED PHYSICAL									
OTHER					+	PAR	TNERS				DAMAGE									
JIHEK														<u> </u>			Т Т.			
					+						OTHER		COVE	RAG	E IS:		 	PRIMARY		SECONDARY
COVERED AUTO SYM (41) ANY AUTO (42) OWNED AUTOS C	ONLY			(45) OV	VNED A	AUTOS SUBJI AUTOS SUBJI SORY UNINS	ECT TO		(47) HIR (48) TRA	CIFICALLY DES ED AUTOS ONL ILERS IN YOUR RAILER INTERO	LY R POSSE	SSION	UND			ANOTHE	R TRUCK	ER UNDER	SESSION OF A TRAILER
(43) OWNED COMMER	CIAL	.AU	OSC	ONLY	MC	OTORIS	ST LAW				MILLIN INTLIN	SHANGE	AGREE	IVILIN	T	(50)		/NED AUT	OS ONLY	
(43) OWNED COMMER ENDORSEMENTS								marks	Schedule	e, may be a						. ,			OS ONLY	
-								marks	Schedule	e, may be a						. ,			OS ONLY	

ACORD 137 HI (2015/12)

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

DATE

COVERAGES	co	VERE	D AU	TO SYMBOLS				LIN	MITS										DAMAGI			
		61		67		CSL	B	I A PER	\$				COVERAG	GES	А	COVE UTO SY	RED MBO	LS		LIMITS		DEDUCTIBL
		62		68	BIE	ACH AC	CIDENT		\$							62		67				
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		64														64						
		65			\$		\$		DED		CO PAY OPTION		6			62		67	SCL	FT	LSF	
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						CO PAY	V		,, ,							64						
		65				ADD'L MED I	EXP \$			WAGE LOSS	\$					62		67				
additional P.I.P.		67				DTH BEN FUN	\$					A. T	COLLISION			63		68				\$
						EXP	\$					ALT EXP				64						
MEDICAL		62		64	FAC	H PER	SON		\$				TOWING			63]				
PAYMENTS		63		67									& LABOR			67						
UNINSURED MOT		62		66		CSL	E.	I A PER	\$						1				FARTH		1	1
STACKED		63		67	BIE	ACH AC	CIDENT		\$				COVERA	GES	SY	MBOL	# TR	AILERS	ZONE	# DAYS	RADIUS	DEDUCTIBL
NON-STKD		64					П						COMP / OTC		_	69						
UNDERINS MOT		62		66		CSL	E.	I A PER	\$						_	70						
STACKED		63		67	BIE	ACH AC	CIDENT		\$				SPECIFIED CAUSES OF	1.000	_	69						
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NON-TRUCKERS HIRED / BORROWED		YES NO		STATES	COS \$	ST OF H	IIRE		IF	ANY B	ASIS		COLLISION			69 70						\$
TRUCKERS HIRED / BORROWED		YES		STATES	cos	ST OF H	IIRE		IF	ANY B	ASIS		TRAILER VAI	LUE	\$							
LIABILITY		NO			\$									STA	ATES	# D	AYS	# \	/EH			
		YES		STATES	GR	OUP TY	PE		_	N	UMBEF	ROF										
NON-OWNED AUTO		NO				EMPL	OYEES		L				HIRED PHYSICAL									
LIABILITY						VOLU	NTEERS		L				DAMAGE									
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OTHER															СО	VERAGI	E IS:		P	RIMARY		SECONDARY
													OTHER									
COVERED AUTO SYME (61) ANY AUTO (62) OWNED AUTOS ON (63) OWNED PRIVATE F	NLY	AUTOS	S ONI	(65) (66)	OWN	IED AU	MMERCIA TOS SUB. TOS SUB. SURED M	JECT TO	NO-F	AULT MPUL-		(68) HIRI (69) TRA	L CIFICALLY DESC ED AUTOS ONLY ILERS IN YOUR RAILER INTERCH	, POSSES	NOISS	I UNDEF	₹	A 11	NOTHER NTERCHA		R UNDER	SESSION OF A TRAILER
ENDORSEMENTS	S/RI	EMA	RKS	(ACORD	01,	Addit	ional R	emar	ks S	chedu	ule, n	nay be	attached if r	nore s	spac	e is re	quir	ed)				

(03) OWNED I KIVATE I AGG AG TOG ONET	SORT BININGGRED MOTORIOT EAV	A TRAILLER INTERCHANGE AGREEMENT	(71) NON-OWNED ACTOS ONET
ENDORSEMENTS / REMARKS	(ACORD 101, Additional Remarks Schedule, ma	ay be attached if more space is require	ed)

ACORD 137 HI (2015/12)

APPLICANT'S SIGNATURE

SIGNATURE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

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.

DATE

AGENCY CUSTOMER ID:	

ACORD® BU	JSINESS AU	TO SECTION	DATE (I	/IM/DD/YYYY)
AGENCY		CARRIER		NAIC CODE
Atlas Insurance				
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
COVERAGES / LIMITS	·			

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVE	DRIVER INFORMATION ACORD 163 attached for additional drivers													
	L DRIVERS, INCLUDING FAMILY MEN					EES W	10 DRIV	E OWN VEHICLES ON COMPANY						
DRIVER #	NAME CITY, STATE AND ZIP	CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
	, ,													
					DITAL STATUS / CIVIL									

* MARITAL STATUS / CIVIL UNION (if applicable)

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EXPLAIN ALL "YES" RESPONSES Y/												
		THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHIC STERED TO THE APPLICANT?	CLES FOR WHIC	CH INSU	IRANCE IS REQUESTED NOT SOLELY OWNE	D BY AND						
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER							
2.	2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)											
3.	3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?											
4.	4. ARE ANY VEHICLES LEASED TO OTHERS?											
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customized v	/ans / pickups)									
	VEH#	DESCRIPTION	COST \$	VEH#	DESCRIPTION		COST \$					
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)												
7.	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?											

GENERAL INFORMATION (continued) Y/N **EXPLAIN ALL "YES" RESPONSES** 8. ANY HOLD HARMLESS AGREEMENTS? ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. 9. 10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS? 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? 14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph. DRV # DATE (MM/DD/YYYY) TYPE PLACE (CITY, STATE) # YRS REV 15. HAS AGENT INSPECTED VEHICLES? 16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? 17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? % Please indicate how you utilize the devices (check all that apply): If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) MONITOR DRIVER SAFETY TRACK FUEL CONSUMPTION MONITOR VEHICLE MAINTENANCE MILEAGE TRACKING LOCATION TRACKING NAVIGATION Describe MAXIMUM DOLLAR VALUE SUBJECT TO LOSS **DESCRIPTION OF GARAGE / STORAGE LOCATIONS** \$ ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL LOSS PAYEE VEHICLE: LOCATION: INSURED EMPLOYEE OWNER AS LESSOR LENDER'S LOSS REGISTRANT PAYABLE LIENHOLDER REFERENCE / LOAN #: INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED EMPLOYEE LOSS PAYEE VEHICLE: LOCATION: OWNER AS LESSOR LENDER'S LOSS PAYABLE REGISTRANT LIENHOLDER REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID:

AGENCY CUSTOMER ID: VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles VEH# COMP / OTC SYM COLL YEAR VEHICLE TYPE SYM / AGE MAKE: PP SPEC COML MODEL: V.I.N.: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING LIC STATE TERR GVW / GCW FACTOR SEAT CP FARTHEST TERMINAL **COST NEW** CLASS SIC **RADIUS** \$ CHECK COVERAGES ADD'L NO-FAULT RENT REIMB DEDUCTIBLES SPEC C OF USE FOR HIRE LSP COMM'L ACV COMP/ OTC TOWING & LABOR PLEASURE RETAIL FT FG LIAB MED PAY ST AMT UNINS MOTOR NO-SPEC C OF I FARM SERVICE FTW COLL COLL \$ FAULT NET VEH DR/CR: \$ DRIVE TO < 15 MILES 15 MILES + WORK / SCHOOL TOTAL PREM: BODY TYPE VEH# YEAR VEHICLE TYPE SYM / AGE MAKE: PP SPEC COML MODEL: V.I.N.: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS LIC STATE TERR GVW / GCW SIC **FACTOR** SEAT CP **FARTHEST TERMINAL** COST NEW CLASS CHECK COVERAGES USE COMM'L FOR HIRE ADD'L NO-FAULT UNDRINS MOTOR LSP RENT REIMB **DEDUCTIBLES** SPEC C OF I AC۱ COMP. OTC TOWING & LABOR **PLEASURE** RETAIL FT FG LIAB MED PAY ST AMT \$ FARM SERVICE NO-UNINS MOTOR SPEC C OF I FTW COLL COLL FAULT NET VEH DR/CR: DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ BODY TYPE: COLL YEAR VEHICLE TYPE SYM / AGE MAKE: MODEL: V.I.N.: PP SPEC COML STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS LIC STATE GVW / GCW FACTOR SEAT CP FARTHEST TERMINAL TERR CLASS RADIUS COST NEW SIC \$ CHECK COVERAGES RENT REIMB ADD'L NO-FAULT UNDRINS MOTOR DEDUCTIBLES SPEC C OF FOR HIRE USE COMM'L LSP ACV COMP/ OTC PLEASURE RETAIL TOWING & LABOR FG LIAB MED PAY ST AMT FARM SERVICE FTW COLL \$ COLL \$ FAULT | NET VEH DR/CR: DRIVE TO WORK / SCHOOL 15 MILES + < 15 MILES TOTAL PREM: \$ BODY TYPE: COMP / OTC SYM COLL VEH# YEAR VEHICLE TYPE SYM / AGE MAKE: PP SPEC COML MODEL: V.I.N.: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS TERR GVW / GCW CLASS SIC **FACTOR** SEAT CP RADIUS **FARTHEST TERMINAL COST NEW** CHECK COVERAGES RENT REIMB COMP FOR HIRE USE COMM'L ADD'L NO-FAULT UNDRINS MOTOR LSP **DEDUCTIBLES** SPEC C OF I AC\ TOWING & LABOR COMP. RETAIL **PLEASURE** LIAB MED PAY FT FG ST AMT \$ FARM SERVICE NO-UNINS FTW COLL COLL NET VEH DR/CR: < 15 MILES 15 MILES + WORK / SCHOOL TOTAL PREM: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ACORD 127 (2015/12)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is quilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER