



Policyholder:	Existing Policy #:	Date Printed: 1/4/2007
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Based on the information shown below, your premium for the term to is:

Our Best Payment Plan:

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Premium	State Taxes & Fees	Total
	\$0.00	\$0.00

* Final installment may vary slightly

1. COVERAGES / LIMITS

Coverage	Limit / Deductibles	Coverage	Limit / Deductibles

Model Year & Manufacturer	Model	Vehicle Identification #	Original seating capacity	Stated Value	Radius of operations	Length of stretch	Additional Interest

Are all commercially owned and operated units listed?	Y <input type="checkbox"/> N <input type="checkbox"/>	If "No", please provide revisions to the above schedule.
Have the operations or vehicle use changed since prior year?	Y <input type="checkbox"/> N <input type="checkbox"/>	If "Yes", please explain.

3. DRIVERS (Currently dated Motor Vehicle Records (MVR's) required for all drivers.)

Driver Name	Violations / Accidents (Past 3 years)		Date of Birth	State	License Number	Status	Years Experience	Date of Hire
	# Violations	# Accidents						

Is this a complete and current list of all drivers?	Y <input type="checkbox"/> N <input type="checkbox"/>	If "No", please provide revisions to the above driver list.
Does insured agree to promptly report all new drivers?	Y <input type="checkbox"/> N <input type="checkbox"/>	

I acknowledge the information presented herein is true, accurate and complete.

Insured Signature	Title	Date
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