

**Coverages Requested:**

(Please check below the coverages needed and specify limits requested.)

- | <b><u>Coverages</u></b>   | <b><i>Combined Single Limit (CSL)</i></b> |
|---|---|
| <input type="checkbox"/> Auto Liability   | \$ _____                                  |
| <input type="checkbox"/> Personal Injury Protection (PIP)                               | \$ _____                                  |
| <input type="checkbox"/> Additional PIP if required                                     | \$ _____                                  |
| <input type="checkbox"/> Medical Payments   | \$ _____                                  |
| <input type="checkbox"/> Uninsured Motorist Protection                                  | \$ _____                                  |
| <input type="checkbox"/> Underinsured Motorist Protection                               | \$ _____                                  |
| <input type="checkbox"/> Hired Auto Liability   | \$ _____                                  |
| <input type="checkbox"/> Employers Non-Ownership Liability<br>Number of Employees _____ | \$ _____                                  |
| <input type="checkbox"/> Rental Reimbursement (\$30day/#30day) –No. of vehicles _____   |   |

***Deductible Levels***

- |  |          |
|--|----------|
| <input type="checkbox"/> Specified Perils ( <input type="checkbox"/> Comprehensive | \$ _____ |
| <input type="checkbox"/> Collision ( <input type="checkbox"/> Waiver               | \$ _____ |