


THIS APPLICATION WILL BECOME AN INTEGRAL PART OF YOUR AUTOMOBILE INSURANCE WHEN AND IF ISSUED. ALL QUESTIONS BELOW MUST TRUTHFULLY ANSWERED. ALL FALSE OR FRAUDULENT ANSWERS MAY RESULT IN DENIAL OF COVERAGE. IF YOU NEED ADDITIONAL SPACE IN ORDER TO PROVIDE ANY OF THE INFORMATION REQUESTED BELOW, PLEASE USE THE BACK OF THE APPLICATION.

Founders Insurance Company 1645 E. Birchwood Ave Phone: (847) 768-0040 Fax: 847) 795-0080  IL COMMERCIAL AUTO PROGRAM	Agency Name & Producer Number		Billing		
			<input type="checkbox"/> Agency <input type="checkbox"/> Direct		
	Binder Date & Time		From	To	
			Down Payment Amount		
Term		<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual			

<input type="checkbox"/> Semi Annual <input type="checkbox"/> Full Pay <input type="checkbox"/> 2 - Pay <input type="checkbox"/> 3 - Pay <input type="checkbox"/> 4 - Pay <input type="checkbox"/> 5 - Pay <input type="checkbox"/> 6 - Pay	<input type="checkbox"/> Annual <input type="checkbox"/> Full Pay <input type="checkbox"/> 3 - Pay <input type="checkbox"/> 6 - Pay <input type="checkbox"/> 10 - Pay <input type="checkbox"/> 11 - Pay <input type="checkbox"/> 12 - Pay
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Applicant and Name of Business	Work Phone Number

Business Garaging Address	City	State	Zip Code + 4

Mailing Address if Different From Above	City	State	Zip Code + 4

Describe Nature of Business	List Special Equipment Attached to Vehicle	List Products Hauled or Delivered	Radius

Applicant warrants there are not other drivers or regular operators other than those listed below. All drivers/operators must be listed and hold a valid drivers license. Failure to list a driver may result in denial of coverage.

Name	Date of Birth	Social Security Number	Driver Class	License Number	Occupation	Number of Points

List all accidents/violations (regardless of fault) within the last 36 months for each driver shown above.

Date	Driver #	Description of accident/violation

All Vehicles Must Be Registered to Applicant / Business Listed Above

Veh #	Year	Make, Model & Style	VIN Number	G.V.W	Value License Plate No & Type	Trailer Yes/No

Premiums	Surcharges & Discounts
Coverages	
Bodily Injury Liability <input type="checkbox"/> 20/40 <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300	Surcharges <input type="checkbox"/> Snow Plow <input type="checkbox"/> 101-200 Mile Coverage <input type="checkbox"/> Trailer Discounts <input type="checkbox"/> Transfer <input type="checkbox"/> Defensive Driver/Over 55 Prior Carrier _____ Exp Date _____ Rejection of Uninsured/Underinsured Motorist Coverage. I have applied for bodily injury coverage in limits higher than basic statutory limits. I understand that I may purchase additional Uninsured/Underinsured Motorist coverage up to the bodily injury limit. I REJECT ADDITIONAL UNINSURED/UNDERINSURED MOTORIST COVERAGE. Applicant's Signature _____ The applicant acknowledges having been advised of uninsured motorist property damage coverage, the premium, and a brief description of the coverage. Applicant's Signature _____
Property Damage Liability <input type="checkbox"/> 15 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100	
Medical Payments <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000	
Uninsured & Underinsured Motorist <input type="checkbox"/> 20/40 <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300	
Uninsured Motorist Property Damage (ACV up to \$15,000 Limits - \$250 Deductible)	
Physical Damage Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1000	
TOTAL	

APPLICANT'S STATEMENT: The applicant hereto, states that he/she read this application and attests that all answers given by him to the questions asked herein are truthful to the best of his knowledge and belief and that said answers were made as inducement to the insurance company to issue a policy, and it is a special condition of this policy that it shall be NULL and VOID and of no benefit of effect whatsoever as to any claim arising there under in the event that the attestations or statements in this application shall prove to be false or fraudulent in nature. It is understood that NO COVERAGE will be effective if the check given as a down payment is not honored by the bank upon which it is drawn.

X _____ Date _____
 Applicant's Signature and/or Producer's Signature as Agent for Applicant. (If signed by the Producer, then he/she attests these representations have been made by the applicant.)