



AGENCY CUSTOMER ID: \_\_\_\_\_

**FLORIDA COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS				LIMITS	COVERAGES	COVERED AUTO SYMBOLS				LIMITS			
LIABILITY	<input type="checkbox"/>	1	<input type="checkbox"/>	7	COMBINED SINGLE LIMIT (CSL) BODILY INJURY (BI) EACH PERSON BODILY INJURY (BI) EACH ACCIDENT PROPERTY DAMAGE	\$								
	<input type="checkbox"/>	2	<input type="checkbox"/>	8										
	<input type="checkbox"/>	3	<input type="checkbox"/>	9										
	<input type="checkbox"/>	4	<input type="checkbox"/>											
PERSONAL INJURY PROTECTION (P.I.P.)	<input type="checkbox"/>	5	<input type="checkbox"/>		Attach ACORD 62 FL.	<b>PHYSICAL DAMAGE</b>								
	<input type="checkbox"/>	7	<input type="checkbox"/>			TOWING & LABOR	<input type="checkbox"/>	3	<input type="checkbox"/>		\$			
EXTENDED P.I.P.	<input type="checkbox"/>	5	<input type="checkbox"/>	7	Attach ACORD 62 FL.	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	<input type="checkbox"/>	2	<input type="checkbox"/>	7				
ADDITIONAL P.I.P.	<input type="checkbox"/>	5	<input type="checkbox"/>	7	Attach ACORD 62 FL.		<input type="checkbox"/>	3	<input type="checkbox"/>	8				
MEDICAL PAYMENTS	<input type="checkbox"/>	2	<input type="checkbox"/>	4	EACH PERSON	\$	SPECIFIED CAUSES OF LOSS (SPEC C of L)	<input type="checkbox"/>	2	<input type="checkbox"/>	4	8		
	<input type="checkbox"/>	3	<input type="checkbox"/>	7				<input type="checkbox"/>	3	<input type="checkbox"/>	7			
UNINSURED MOTORIST (UM)	<input type="checkbox"/>	2	<input type="checkbox"/>	6	Attach ACORD 61 FL.		COLLISION (COLL)	<input type="checkbox"/>	2	<input type="checkbox"/>	4	8		
	<input type="checkbox"/>	3	<input type="checkbox"/>	7				<input type="checkbox"/>	3	<input type="checkbox"/>	7			
	<input type="checkbox"/>	4	<input type="checkbox"/>					<input type="checkbox"/>	3	<input type="checkbox"/>	7			
HIRE / BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE			
	<input type="checkbox"/>	NO		\$							<input type="checkbox"/>	COMP	\$	
NON-OWNED LIABILITY	<input type="checkbox"/>	YES	STATES	GROUP TYPE	NUMBER OF	PARTNERS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	<input type="checkbox"/>	SPEC C OF L	\$	
	<input type="checkbox"/>	NO									EMPLOYEES	<input type="checkbox"/>	COLL	\$
	<input type="checkbox"/>										VOLUNTEERS			
	<input type="checkbox"/>													
<b>COVERED AUTO SYMBOLS</b>	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY			(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW			(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY			COVERAGE IS:		PRIMARY	SECONDARY	

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**

--

**SIGNATURE**

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.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. 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.

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

**TRUCKERS SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	41 <input type="checkbox"/> 47	COMBINED SINGLE LIMIT (CSL) \$	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42 <input type="checkbox"/> 47					
	42 <input type="checkbox"/> 50	BODILY INJURY (BI) EACH PERSON \$		43 <input type="checkbox"/>					
	43 <input type="checkbox"/>	BODILY INJURY (BI) EACH ACCIDENT \$		46					
	46	PROPERTY DAMAGE \$							
PERSONAL INJURY PROTECTION (P.I.P.)	44 <input type="checkbox"/> 46	Attach ACORD 62 FL.	SPECIFIED CAUSES OF LOSS (SPEC C of L)	42 <input type="checkbox"/> 47	SCL <input type="checkbox"/>	FT <input type="checkbox"/>	LSP <input type="checkbox"/>	\$	
EXTENDED P.I.P.	44 <input type="checkbox"/> 46	Attach ACORD 62 FL.	COLLISION (COLL)	42 <input type="checkbox"/> 47	F <input type="checkbox"/>	FTW <input type="checkbox"/>		\$	
ADDITIONAL P.I.P.	44 <input type="checkbox"/> 46	Attach ACORD 62 FL.		43 <input type="checkbox"/>				\$	
MEDICAL PAYMENTS	42 <input type="checkbox"/> 43	EACH PERSON \$	TOWING & LABOR	46				\$	
UNINSURED MOTORIST (UM)	42 <input type="checkbox"/> 43	Attach ACORD 61 FL.	<b>TRAILER INTERCHANGE</b>						
	45		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
			COMP / OTC	48					
				49					
			SPECIFIED CAUSES OF LOSS	48					
				49					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	48					\$
	NO <input type="checkbox"/>			49					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE	\$					
	NO <input type="checkbox"/>			STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE						
	NO <input type="checkbox"/>	EMPLOYEES							
		VOLUNTEERS							
		PARTNERS							
OTHER			OTHER	COVERAGE IS:			PRIMARY	SECONDARY	

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF  
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER  
 (43) OWNED COMMERCIAL AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT INTERCHANGE AGREEMENT  
 (50) NON-OWNED AUTOS ONLY

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**

**SIGNATURE**

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.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. 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.

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

**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61	67	COMBINED SINGLE LIMIT (CSL)	\$	COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE
	62	68	BODILY INJURY (BI) EACH PERSON	\$	COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	62	67				\$
	63	71	BODILY INJURY (BI) EACH ACCIDENT	\$		63	68				
	64		PROPERTY DAMAGE	\$		64					
PERSONAL INJURY PROTECTION (P.I.P.)	65 67	Attach ACORD 62 FL.			SPECIFIED CAUSES OF LOSS (SPEC C of L)	62 63 64	67 68	SCL F	FT FTW	LSP	
EXTENDED P.I.P.	65	67	Attach ACORD 62 FL.		COLLISION (COLL)	62 63 64	67 68				\$
ADDITIONAL P.I.P.	65	67	Attach ACORD 62 FL.								
MEDICAL PAYMENTS	62 63	64 67	EACH PERSON	\$	TOWING & LABOR	63 67					\$
UNINSURED MOTORIST (UM)	62 63 64	66 67	Attach ACORD 61 FL.		<b>TRAILER INTERCHANGE</b>						
					COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
					COMP / OTC	69 70					
					SPECIFIED CAUSES OF LOSS	69 70					
NON-TRUCKERS HIRED / BORROWED	YES NO	STATES	COST OF HIRE	IF ANY BASIS	COLLISION	69 70					\$
TRUCKERS HIRED / BORROWED LIABILITY	YES NO	STATES	COST OF HIRE	IF ANY BASIS	TRAILER VALUE	\$	STATES	# DAYS	# VEH		
NON-OWNED AUTO LIABILITY	YES NO	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE						
			EMPLOYEES								
			VOLUNTEERS								
OTHER			PARTNERS		OTHER					COVERAGE IS:	PRIMARY SECONDARY

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**

**SIGNATURE**

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.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. 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.

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