



AGENCY CUSTOMER ID: _____

**MASSACHUSETTS COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

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

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
BODILY INJURY LIABILITY	1 4 9 2 7 3 8	BI EACH PERSON \$ BI EACH ACCIDENT \$					
COMPULSORY PERSONAL INJURY PROTECTION	5 7	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>					
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1 4 9 2 7 3 8	EACH ACCIDENT \$	PHYSICAL DAMAGE				
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	OPTIONAL TOWING & LABOR	3 7	\$		
COMPULSORY UNINSURED MOTORIST	2 6 3 7 4	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	2 4 8 3 7			
UNDERINSURED MOTORIST	2 6 3 7 4	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7			
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 7 3 8	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 4 8 3 7			
OPTIONAL HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS		NUMBER OF			
COVERED AUTO SYMBOLS	(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)

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SIGNATURE

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

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
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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	BI EACH PERSON	\$		
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT	\$		
	43 <input type="checkbox"/>	50 <input type="checkbox"/>				
COMPULSORY PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>		PER PERSON	\$	DED \$	
	46 <input type="checkbox"/>		YOURSELF	<input type="checkbox"/>	YOURSELF AND FAMILY MEMBERS	
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH ACCIDENT	\$		
	42 <input type="checkbox"/>	47 <input type="checkbox"/>				
	43 <input type="checkbox"/>	50 <input type="checkbox"/>				
OPTIONAL MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON	\$		
	43 <input type="checkbox"/>					
COMPULSORY UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER	\$	
	43 <input type="checkbox"/>		BI EACH ACCIDENT	\$		
	45 <input type="checkbox"/>		PROPERTY DAMAGE	\$		
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER	\$	
	43 <input type="checkbox"/>		BI EACH ACCIDENT	\$		
	45 <input type="checkbox"/>					
OPTIONAL BODILY INJURY TO OTHERS	41 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER	\$	
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT	\$		
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	MOTORCYCLE GUEST OCCUPANT EXCLUSION			
OPTIONAL NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	
	NO <input type="checkbox"/>		\$			
OPTIONAL TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	
	NO <input type="checkbox"/>		\$			
OPTIONAL NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF		
	NO <input type="checkbox"/>		EMPLOYEES	<input type="checkbox"/>		
			VOLUNTEERS	<input type="checkbox"/>		
OTHER			PARTNERS	<input type="checkbox"/>		
			OTHER			

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
OPTIONAL COMPREHENSIVE	48					
OPTIONAL SPECIFIED CAUSES OF LOSS	49					
OPTIONAL COLLISION	48					\$
OPTIONAL COLLISION	49					\$
TRAILER VALUE	\$					
OPTIONAL HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH		
			COVERAGE IS:	PRIMARY	SECONDARY	

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

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

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MOTOR CARRIER SECTION

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COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE								
						COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE		
BODILY INJURY LIABILITY	61		67	BI EACH PERSON	\$	OPTIONAL COMPREHENSIVE	62		67					
	62		68	BI EACH ACCIDENT	\$		63		68					
	63		71				64							
	64													
COMPULSORY PERSONAL INJURY PROTECTION	65			PER PERSON \$	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62		67	SCL		FT		LSP
	67			YOURSELF <input type="checkbox"/>	YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>		63		68	F		FTW		
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	61		64	EACH ACCIDENT	\$	OPTIONAL COLLISION	62		67					
	62		67				63		68					
	63		68				64							
OPTIONAL MEDICAL PAYMENTS	62		64	EACH PERSON	\$	OPTIONAL TOWING & LABOR	63							
	63		67				67							
COMPULSORY UNINSURED MOTORIST	62		66	CSL <input type="checkbox"/>	BI EA PER \$									
	63		67	BI EACH ACCIDENT	\$									
	64			PROPERTY DAMAGE	\$									
UNDERINSURED MOTORIST	62		66	CSL <input type="checkbox"/>	BI EA PER \$	TRAILER INTERCHANGE								
	63		67	BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
	64					OPTIONAL COMPREHENSIVE	69							
OPTIONAL BODILY INJURY TO OTHERS	61		64	CSL <input type="checkbox"/>	BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	70							
	62		67	BI EACH ACCIDENT	\$	OPTIONAL COLLISION	69							
	63		68	MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL COLLISION	70							
OPTIONAL NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	TRAILER VALUE	\$							
OPTIONAL TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	STATES	# DAYS	# VEH						
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE								
	NO			EMPLOYEES										
				VOLUNTEERS										
OTHER				PARTNERS		COVERAGE IS:		PRIMARY		SECONDARY				

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

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