



AGENCY CUSTOMER ID: _____
MICHIGAN COMMERCIAL AUTO
COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

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

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1 4 9	CSL BI EA PER \$	EXCESS ATTENDANT CARE	5 7	EACH PERSON \$	
	2 7	BI EACH ACCIDENT \$				
	3 8	PROPERTY DAMAGE \$				
PERSONAL INJURY PROTECTION	5 7	INCOME LEVEL: \$0-\$2,999 \$9,000-\$14,999 \$3,000-\$5,999 \$15,000-\$24,999 \$6,000-\$8,999 \$25,000 & OVER	PHYSICAL DAMAGE			
		OTHER: COORD WK LOSS DED \$ COORD MED EXP RJCT WK LOSS # pers below	TOWING & LABOR	3 7	\$	
LIMITED PROPERTY DAMAGE LIABILITY	5 7	EA ACCIDENT \$ 3,000	COMP / OTC	2 4 8 3 7		
PROPERTY PROT	5 7	EA ACCIDENT \$ 1,000,000	SPECIFIED CAUSES OF LOSS	2 4 8 3 7		
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COLLISION	2 4 8 3 7	DED \$	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	LIMITED COLL		NO DED APPLIC NOT APPLIC	
	3 7	BI EACH ACCIDENT \$	BROADENED COLL		DED \$	
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$				
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE	
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			COMP \$ SPEC C OF L \$	
		EMPLOYEES VOLUNTEERS PARTNERS				
COVERED AUTO SYMBOLS		COVERAGE IS:				
(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	

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

Michigan Catastrophic Claims Association (MCCA) charge will be added to the premium per vehicle.

SIGNATURE

IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVER IN THE HOUSEHOLD.

REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAVE NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGN BELOW.

I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDED UNDER THE PIP COVERAGE.

PRINT NAME	SIGNATURE	DATE (MM/DD/YYYY)

I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OF RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAVE INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION IS SELECTED, I DO NOT WISH TO PURCHASE ANY COLLISION COVERAGE FOR THAT VEHICLE.

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.

NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240

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								
LIABILITY	41	CSL	BI EA PER	\$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
	42		BI EACH ACCIDENT	\$				42	47		
	43		PROPERTY DAMAGE	\$				43			
PERSONAL INJURY PROTECTION	44		INCOME LEVEL:	\$0-\$2,999 \$9,000-\$14,999	\$3,000-\$5,999 \$15,000-\$24,999	\$6,000-\$8,999 \$25,000 & OVER					
	46		OTHER:	COORD WK LOSS	COORD MED EXP	RJCT WK LOSS # pers below	DED \$				
								SCL FT LSP F FTW			
LIMITED PROPERTY DAMAGE LIABILITY	44	46	EA ACCIDENT	\$ 3,000	COLLISION	47	\$				
PROPERTY PROT	44	46	EA ACCIDENT	\$ 1,000,000				42	47		
MEDICAL PAYMENTS	42	46	EACH PERSON	\$				43			
UNINSURED MOTORIST	42	46	CSL	BI EA PER	\$	TOWING & LABOR	\$				
	43		BI EACH ACCIDENT	\$	46						
	45										
UNDERINSURED MOTORIST	42	46	CSL	BI EA PER	\$	TRAILER INTERCHANGE					
	43		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45				COMP / OTC	48					
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48					
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS	COLLISION	49					\$
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	TRAILER VALUE	\$					
	NO		EMPLOYEES		STATES	# DAYS	# VEH				
			VOLUNTEERS								
OTHER			PARTNERS								
						COVERAGE IS:		PRIMARY	SECONDARY		
						LIMITED COLL		NO DED	APPLIC	NOT APPLIC	
						BROADENED COLL		DED \$			
COVERED AUTO SYMBOLS			(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT						
(41) ANY AUTO			(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY	(50) NON-OWNED AUTOS ONLY						
(42) OWNED AUTOS ONLY											
(43) OWNED COMMERCIAL AUTOS ONLY											

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

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MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	61	67	CSL	BI EA PER	\$	
	62	68		BI EACH ACCIDENT	\$	
	63	71		PROPERTY DAMAGE	\$	
	64					
PERSONAL INJURY PROTECTION	65		INCOME LEVEL:	\$0-\$2,999 \$2,999-\$9,000 \$9,000-\$14,999	\$3,000-\$5,999 \$5,999-\$15,000 \$15,000-\$24,999	\$6,000-\$8,999 \$8,999-\$25,000 & OVER
	67		OTHER:	COORD WK LOSS	DED \$	RJCT WK LOSS # pers below
LIMITED PROPERTY DAMAGE LIABILITY	65	67		EA ACCIDENT	\$ 3,000	
PROPERTY PROT	65	67		EA ACCIDENT	\$ 1,000,000	
MEDICAL PAYMENTS	62	64		EACH PERSON	\$	
	63	67				
UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$	
	63	67		BI EACH ACCIDENT	\$	
	64					
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$	
	63	67		BI EACH ACCIDENT	\$	
	64					
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS	
	NO			\$		
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE	IF ANY BASIS	
	NO			\$		
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF	
	NO			EMPLOYEES		
				VOLUNTEERS		
				PARTNERS		
OTHER						
COVERED AUTO SYMBOLS			(64) OWNED COMMERCIAL AUTOS ONLY		(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(61) ANY AUTO			(65) OWNED AUTOS SUBJECT TO NO-FAULT		(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY
(62) OWNED AUTOS ONLY			(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW		(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	
(63) OWNED PRIVATE PASS AUTOS ONLY						

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