

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	OTHER THAN COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>		\$		
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>					
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>					
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>		<input type="checkbox"/> LAWSUIT THRESHOLD <input type="checkbox"/> MEDICAL ONLY	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$		
	46 <input type="checkbox"/>		<input type="checkbox"/> NO THRESHOLD		43 <input type="checkbox"/>		<input type="checkbox"/> F <input type="checkbox"/> FTW			
			HEALTH INSURANCE OPTION <input type="checkbox"/> YES <input type="checkbox"/> NO		46 <input type="checkbox"/>					
			MEDICAL EXPENSE \$		42 <input type="checkbox"/>	47 <input type="checkbox"/>				
			DED \$		43 <input type="checkbox"/>					
		EXT MED EXP EA PER \$	46 <input type="checkbox"/>							
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:			TOWING & LABOR	46 <input type="checkbox"/>		\$			
UNINSURED / UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45 <input type="checkbox"/>		PROPERTY DAMAGE \$	OTHER THAN COLLISION	48 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		49 <input type="checkbox"/>					
	NO <input type="checkbox"/>		\$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		49 <input type="checkbox"/>					
	NO <input type="checkbox"/>		\$	COLLISION	48 <input type="checkbox"/>					\$
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	49 <input type="checkbox"/>					
	NO <input type="checkbox"/>		<input type="checkbox"/> EMPLOYEES		TRAILER VALUE \$					
			<input type="checkbox"/> VOLUNTEERS		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH		
		<input type="checkbox"/> PARTNERS		COVERAGE IS:		PRIMARY	SECONDARY			
OTHER				OTHER						

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

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

SIGNATURE

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																							
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	OTHER THAN COLLISION	62	67																				
	62	68	BI EACH ACCIDENT \$		63	68																				
	63	71	PROPERTY DAMAGE \$		64																					
	64																									
PERSONAL INJURY PROTECTION	65		LAWSUIT THRESHOLD <input type="checkbox"/> MEDICAL ONLY	SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP																			
	67		NO THRESHOLD		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW																			
			HEALTH INSURANCE OPTION <input type="checkbox"/> YES <input type="checkbox"/> NO		64																					
			MEDICAL EXPENSE \$		62	67																				
			DED \$		63	68																				
		EXT MED EXP EA PER \$	64																							
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:			TOWING & LABOR	63																					
UNINSURED / UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		67																					
	63	67	BI EACH ACCIDENT \$																							
	64		PROPERTY DAMAGE \$																							
TRAILER INTERCHANGE																										
				OTHER THAN COLLISION	69																					
					70																					
				SPECIFIED CAUSES OF LOSS	69																					
					70																					
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$																
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	TRAILER VALUE	70					\$																
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE		# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE																
			EMPLOYEES								NUMBER OF															
			VOLUNTEERS																							
			PARTNERS																							
OTHER				OTHER																						
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