



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

**SOUTH CAROLINA 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
LIABILITY	1	CSL	BI EA PER \$		
	2		BI EACH ACCIDENT \$		
	3		PROPERTY DAMAGE \$		
PERSONAL INJURY PROTECTION	5		DEDUCTIBLE \$		
	7				
ADDL PERSONAL INJURY PROTECTION	5		WORK LOSS \$		
	7		MED EXP \$		
MEDICAL PAYMENTS	2	4	EACH PERSON \$		
	3	7			
UNINSURED MOTORIST	2	6	CSL	BI EA PER \$	
	3	7	BI EACH ACCIDENT \$		
	4		PROPERTY DAMAGE \$		DED
UNDERINSURED MOTORIST	2	6	CSL	BI EA PER \$	
	3	7	BI EACH ACCIDENT \$		
	4		PROPERTY DAMAGE \$		DED
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE	IF ANY BASIS		
	NO	\$			
NON-OWNED LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	
	NO	EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
				COVERAGE IS:	PRIMARY SECONDARY
<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		

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

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**SIGNATURE**

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.			
THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

**TRUCKERS SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	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"/>	DEDUCTIBLE \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$
	46 <input type="checkbox"/>			43 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>	
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	WORK LOSS \$		46 <input type="checkbox"/>		
	46 <input type="checkbox"/>	MED EXP \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$		43 <input type="checkbox"/>		
	43 <input type="checkbox"/>			46 <input type="checkbox"/>		
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	46 <input type="checkbox"/>	\$	
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	<b>TRAILER INTERCHANGE</b>			
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE
	45 <input type="checkbox"/>					# DAYS
UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	48 <input type="checkbox"/>		RADIUS
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$		49 <input type="checkbox"/>		DEDUCTIBLE
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS			
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS				
	NO	\$	COLLISION	48 <input type="checkbox"/>		\$
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		49 <input type="checkbox"/>		
	NO	\$	TRAILER VALUE	\$		
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH
	NO	NUMBER OF				
		EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
OTHER			OTHER			
			COVERAGE IS:		PRIMARY	SECONDARY

**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)**

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**MOTOR CARRIER SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																	
					COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE														
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	<input type="checkbox"/>	CSL	<input type="checkbox"/>	<input type="checkbox"/>	BI EA PER \$	COMP / OTC	<input type="checkbox"/>	62	<input type="checkbox"/>	67								
	<input type="checkbox"/>	62	<input type="checkbox"/>	68	BI EACH ACCIDENT \$		<input type="checkbox"/>	63	<input type="checkbox"/>		68											
	<input type="checkbox"/>	63	<input type="checkbox"/>	71	PROPERTY DAMAGE \$		<input type="checkbox"/>	64	<input type="checkbox"/>		64											
	<input type="checkbox"/>	64	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>													
PERSONAL INJURY PROTECTION	<input type="checkbox"/>	65	DEDUCTIBLE		\$			<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$								
	<input type="checkbox"/>	67				<input type="checkbox"/>	F		<input type="checkbox"/>	FTW												
	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>													
ADDL PERSONAL INJURY PROTECTION	<input type="checkbox"/>	65	WORK LOSS \$																			
	<input type="checkbox"/>	67	MED EXP \$																			
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	EACH PERSON \$																	
	<input type="checkbox"/>	63	<input type="checkbox"/>	67																		
UNINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	CSL	<input type="checkbox"/>	<input type="checkbox"/>	BI EA PER \$	TRAILER INTERCHANGE												
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	BI EACH ACCIDENT \$																	
	<input type="checkbox"/>	64	<input type="checkbox"/>		PROPERTY DAMAGE \$														DED			
UNDERINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	CSL	<input type="checkbox"/>	<input type="checkbox"/>	BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE						
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	BI EACH ACCIDENT \$																	
	<input type="checkbox"/>	64	<input type="checkbox"/>		PROPERTY DAMAGE \$														DED			
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/>	YES	STATES	COST OF HIRE		<input type="checkbox"/>	IF ANY BASIS		COMP / OTC	69												
	<input type="checkbox"/>	NO		\$					SPECIFIED CAUSES OF LOSS	70												
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES	COST OF HIRE		<input type="checkbox"/>	IF ANY BASIS		COLLISION	69												
	<input type="checkbox"/>	NO		\$						70												
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES	GROUP TYPE		NUMBER OF			HIRED PHYSICAL DAMAGE													
	<input type="checkbox"/>	NO		EMPLOYEES																		
	<input type="checkbox"/>			VOLUNTEERS																		
	<input type="checkbox"/>			PARTNERS																		
OTHER	<input type="checkbox"/>																					
COVERED AUTO SYMBOLS										STATES		# DAYS	# VEH									
(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	

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