

## ACORD 137 LA (2015/12) - LOUISIANA COMMERCIAL AUTO COVERAGES / LIMITS SECTION

ACORD 137 LA, Louisiana Commercial Auto, Coverages / Limits Section, is used to collect the coverage and limit information necessary to write Business Auto, Truckers or Motor Carrier insurance in this state. Required disclosure and coverage acceptance or rejection information is also included.

Use this form with ACORD 127, Business Auto Section, and/or ACORD 132, Truckers / Motor Carriers Section.

The following are the specific differences in this state:

- \* Personal Injury Protection coverages are not available; this is not a "no-fault" state.
- \* Underinsured Motorists coverage is included in Uninsured Motorist coverage.
- \* State specific fraud warning
- \* State of Louisiana Uninsured / Underinsured Motorist Bodily Injury Coverage Form and Uninsured Property Damage Coverage auto supplement are part of the application.

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
BUSINESS AUTO SECTION	Liability - 1	Check the box (if applicable): Indicates that any auto is covered.

<b>BUSINESS AUTO SECTION</b>	<b>2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO SECTION</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>9</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>BUSINESS AUTO SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>BUSINESS AUTO SECTION</b>	<b>Limit</b>	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO SECTION</b>	<b>BI Each Accident</b>	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO SECTION</b>	<b>Property Damage</b>	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO SECTION</b>	<b>Medical Payments - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO SECTION</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO SECTION</b>	<b>Each Person</b>	Enter limit: The medical payments per person limit.
<b>BUSINESS AUTO SECTION</b>	<b>Uninsured Motorists - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.

<b>BUSINESS AUTO SECTION</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>6</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorists law are covered.
<b>BUSINESS AUTO SECTION</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO SECTION</b>	<b>Economic &amp; Non Economic Losses</b>	Check the box (if applicable): Indicates the uninsured motorists coverage economic and non-economic losses option has been selected.
<b>BUSINESS AUTO SECTION</b>	<b>Economic Losses Only</b>	Check the box (if applicable): Indicates the uninsured motorists coverage economic losses only option has been selected.
<b>BUSINESS AUTO SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>BUSINESS AUTO SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>BUSINESS AUTO SECTION</b>	<b>Limit</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>BUSINESS AUTO SECTION</b>	<b>BI Each Accident</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
<b>BUSINESS AUTO SECTION</b>	<b>Property Damage</b>	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
<b>BUSINESS AUTO SECTION</b>	<b>Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
<b>BUSINESS AUTO SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>BUSINESS AUTO SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>BUSINESS AUTO SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>BUSINESS AUTO SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
<b>BUSINESS AUTO SECTION</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.

<b>BUSINESS AUTO SECTION</b>	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
<b>BUSINESS AUTO SECTION</b>	<b>Non-Owned Liability - Yes</b>	Check the box (if applicable): Indicates if non-owned coverage applies. As used here, enter state(s) where employees use their own autos in the operations of the applicant's business.
<b>BUSINESS AUTO SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are non-owned.
<b>BUSINESS AUTO SECTION</b>		Enter code: Indicates a state where autos are non-owned.
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<b>BUSINESS AUTO SECTION</b>		Enter code: Indicates a state where autos are non-owned.
<b>BUSINESS AUTO SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that non-owned coverage does not apply.
<b>BUSINESS AUTO SECTION</b>	<b>Group Type - Employees</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
<b>BUSINESS AUTO SECTION</b>	<b>Number of Employees</b>	Enter number: The number of employees that use their own automobiles.
<b>BUSINESS AUTO SECTION</b>	<b>Volunteers</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
<b>BUSINESS AUTO SECTION</b>	<b>Number of Volunteers</b>	Enter number: The number of volunteers that use their own automobiles.
<b>BUSINESS AUTO SECTION</b>	<b>Partners</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
<b>BUSINESS AUTO SECTION</b>	<b>Number of Partners</b>	Enter number: The number of partners that use their own automobiles.
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO SECTION</b>	<b>Towing &amp; Labor - 3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO SECTION</b>	<b>Limit</b>	Enter limit: The towing and labor limit amount.
<b>BUSINESS AUTO SECTION</b>	<b>COMP / OTC - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO SECTION</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO SECTION</b>	<b>Specified Causes of Loss - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO SECTION</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO SECTION</b>	<b>Collision - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.

<b>BUSINESS AUTO SECTION</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO SECTION</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO SECTION</b>	<b>Hired Physical Damage - States</b>	Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>BUSINESS AUTO SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>BUSINESS AUTO SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>BUSINESS AUTO SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
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<b>BUSINESS AUTO SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>BUSINESS AUTO SECTION</b>	<b># Days</b>	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
<b>BUSINESS AUTO SECTION</b>	<b># Veh</b>	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
<b>BUSINESS AUTO SECTION</b>	<b>Coverage / Deductible - Comp</b>	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
<b>BUSINESS AUTO SECTION</b>	<b>Deductible</b>	Enter deductible: The comprehensive or other than collision deductible amount.

<b>BUSINESS AUTO SECTION</b>	<b>Spec C of L</b>	Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are:  SCL Specified Cause of Loss F Fire F&T Fire and Theft F,T&W Fire, Theft and Wind LSP Limited Specified Perils SP Specified Perils
<b>BUSINESS AUTO SECTION</b>	<b>Deductible</b>	Enter deductible: The deductible associated with specified causes of loss coverage. As used here, enter the deductible only if it is applicable to all vehicles.
<b>BUSINESS AUTO SECTION</b>	<b>Coll</b>	Check the box (if applicable): Indicates the vehicle has collision coverage.
<b>BUSINESS AUTO SECTION</b>	<b>Deductible</b>	Enter deductible: The collision deductible amount.
<b>BUSINESS AUTO SECTION</b>	<b>Coverage is: - Primary</b>	Check the box (if applicable): Indicates if this coverage is on a primary basis.
<b>BUSINESS AUTO SECTION</b>	<b>Secondary</b>	Check the box (if applicable): Indicates if this coverage is on a secondary basis.
<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.

### Form Page 2

Section Name	Field Name	Description
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>TRUCKERS SECTION</b>	<b>Liability - 41</b>	Check the box (if applicable): Indicates that any auto is covered.
<b>TRUCKERS SECTION</b>	<b>42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>TRUCKERS SECTION</b>	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.

TRUCKERS SECTION	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS SECTION	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS SECTION	50	Check the box (if applicable): Indicates that non-owned autos only are covered.
TRUCKERS SECTION	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	CSL	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
TRUCKERS SECTION	BI Ea Per	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
TRUCKERS SECTION	Limit	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
TRUCKERS SECTION	BI Each Accident	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
TRUCKERS SECTION	Property Damage	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
TRUCKERS SECTION	<b>Medical Payments - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS SECTION	43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS SECTION	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS SECTION	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	Each Person	Enter limit: The medical payments per person limit.
TRUCKERS SECTION	<b>Uninsured Motorists - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS SECTION	43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS SECTION	45	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
TRUCKERS SECTION	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS SECTION	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.



<b>TRUCKERS SECTION</b>	<b>Economic &amp; Non Economic Losses</b>	Check the box (if applicable): Indicates the uninsured motorists coverage economic and non-economic losses option has been selected.
<b>TRUCKERS SECTION</b>	<b>Economic Losses Only</b>	Check the box (if applicable): Indicates the uninsured motorists coverage economic losses only option has been selected.
<b>TRUCKERS SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>TRUCKERS SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>TRUCKERS SECTION</b>	<b>Limit</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>TRUCKERS SECTION</b>	<b>BI Each Accident</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
<b>TRUCKERS SECTION</b>	<b>Property Damage</b>	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
<b>TRUCKERS SECTION</b>	<b>Non-Truckers Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
<b>TRUCKERS SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>TRUCKERS SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>TRUCKERS SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>TRUCKERS SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
<b>TRUCKERS SECTION</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.
<b>TRUCKERS SECTION</b>	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
<b>TRUCKERS SECTION</b>	<b>Truckers Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies.
<b>TRUCKERS SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>TRUCKERS SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>TRUCKERS SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>TRUCKERS SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that truckers hired / borrowed coverage does not apply.
<b>TRUCKERS SECTION</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.

TRUCKERS SECTION	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
TRUCKERS SECTION	<b>Non-Owned Auto Liability - Yes</b>	Check the box (if applicable): Indicates if non-owned coverage applies.
TRUCKERS SECTION	<b>States</b>	Enter code: Indicates a state where autos are non-owned.
TRUCKERS SECTION		Enter code: Indicates a state where autos are non-owned.
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TRUCKERS SECTION		Enter code: Indicates a state where autos are non-owned.
TRUCKERS SECTION	<b>No</b>	Check the box (if applicable): Indicates that non-owned coverage does not apply.
TRUCKERS SECTION	<b>Group Type - Employees</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
TRUCKERS SECTION	<b>Number of Employees</b>	Enter number: The number of employees that use their own automobiles.
TRUCKERS SECTION	<b>Volunteers</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
TRUCKERS SECTION	<b>Number of Volunteers</b>	Enter number: The number of volunteers that use their own automobiles.
TRUCKERS SECTION	<b>Partners</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
TRUCKERS SECTION	<b>Number of Partners</b>	Enter number: The number of partners that use their own automobiles.
TRUCKERS SECTION	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
TRUCKERS SECTION	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
TRUCKERS SECTION	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
TRUCKERS SECTION	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

<b>TRUCKERS SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>TRUCKERS SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>TRUCKERS SECTION</b>	<b>COMP / OTC - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>TRUCKERS SECTION</b>	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>TRUCKERS SECTION</b>	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>TRUCKERS SECTION</b>	<b>47</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>TRUCKERS SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>TRUCKERS SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>TRUCKERS SECTION</b>	<b>Deductible</b>	Enter deductible: The comprehensive or other than collision deductible amount.
<b>TRUCKERS SECTION</b>	<b>Specified Causes of Loss - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>TRUCKERS SECTION</b>	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>TRUCKERS SECTION</b>	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>TRUCKERS SECTION</b>	<b>47</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>TRUCKERS SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>TRUCKERS SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>TRUCKERS SECTION</b>	<b>SCL</b>	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
<b>TRUCKERS SECTION</b>	<b>F</b>	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
<b>TRUCKERS SECTION</b>	<b>FT</b>	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
<b>TRUCKERS SECTION</b>	<b>FTW</b>	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
<b>TRUCKERS SECTION</b>	<b>LSP</b>	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
<b>TRUCKERS SECTION</b>	<b>Deductible</b>	Enter deductible: The deductible associated with specified causes of loss coverage.
<b>TRUCKERS SECTION</b>	<b>Collision - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>TRUCKERS SECTION</b>	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.

TRUCKERS SECTION	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS SECTION	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS SECTION	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	<b>Deductible</b>	Enter deductible: The collision deductible amount.
TRUCKERS SECTION	<b>Towing &amp; Labor - 46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS SECTION	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	<b>Limit</b>	Enter limit: The towing and labor limit amount.
TRUCKERS SECTION	<b>COMP / OTC - 48</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS SECTION	49	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
TRUCKERS SECTION	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
TRUCKERS SECTION	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.
TRUCKERS SECTION	<b># Days</b>	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
TRUCKERS SECTION	<b>Radius</b>	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
TRUCKERS SECTION	<b>Specified Causes of Loss - 48</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS SECTION	49	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
TRUCKERS SECTION	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
TRUCKERS SECTION	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.

TRUCKERS SECTION	# Days	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
TRUCKERS SECTION	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
TRUCKERS SECTION	Collision - 48	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS SECTION	49	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
TRUCKERS SECTION	# Trailers	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
TRUCKERS SECTION	Farth Zone	Enter code: The state of the farthest zone where trailer interchange coverage applies.
TRUCKERS SECTION	# Days	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
TRUCKERS SECTION	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
TRUCKERS SECTION	Deductible	Enter deductible: The deductible amount applicable to trailer interchange collision coverage.
TRUCKERS SECTION	Trailer Value	Enter amount: The trailer value as assigned by the trailer interchange agreement.
TRUCKERS SECTION	Hired Physical Damage - States	Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS SECTION	# Days	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
TRUCKERS SECTION	# Veh	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
TRUCKERS SECTION	Coverage is: - Primary	Check the box (if applicable): Indicates if this coverage is on a primary basis.
TRUCKERS SECTION	Secondary	Check the box (if applicable): Indicates if this coverage is on a secondary basis.

<b>TRUCKERS SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>TRUCKERS SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>TRUCKERS SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>MOTOR CARRIER SECTION</b>	<b>Liability - 61</b>	Check the box (if applicable): Indicates that any auto is covered.
<b>MOTOR CARRIER SECTION</b>	<b>62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>71</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.

<b>MOTOR CARRIER SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>BI Each Accident</b>	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Property Damage</b>	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Medical Payments - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Each Person</b>	Enter limit: The medical payments per person limit.
<b>MOTOR CARRIER SECTION</b>	<b>Uninsured Motorists - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>66</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Economic &amp; Non Economic Losses</b>	Check the box (if applicable): Indicates the uninsured motorists coverage economic and non-economic losses option has been selected.
<b>MOTOR CARRIER SECTION</b>	<b>Economic Losses Only</b>	Check the box (if applicable): Indicates the uninsured motorists coverage economic losses only option has been selected.

<b>MOTOR CARRIER SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>MOTOR CARRIER SECTION</b>	<b>BI Each Accident</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
<b>MOTOR CARRIER SECTION</b>	<b>Property Damage</b>	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
<b>MOTOR CARRIER SECTION</b>	<b>Non-Truckers Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
<b>MOTOR CARRIER SECTION</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.
<b>MOTOR CARRIER SECTION</b>	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
<b>MOTOR CARRIER SECTION</b>	<b>Truckers Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that truckers hired / borrowed coverage does not apply.
<b>MOTOR CARRIER SECTION</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.
<b>MOTOR CARRIER SECTION</b>	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
<b>MOTOR CARRIER SECTION</b>	<b>Non-Owned Auto Liability - Yes</b>	Check the box (if applicable): Indicates if non-owned coverage applies.



<b>MOTOR CARRIER SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are non-owned.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are non-owned.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are non-owned.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are non-owned.
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<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are non-owned.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are non-owned.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are non-owned.
<b>MOTOR CARRIER SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that non-owned coverage does not apply.
<b>MOTOR CARRIER SECTION</b>	<b>Group Type - Employees</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
<b>MOTOR CARRIER SECTION</b>	<b>Number of Employees</b>	Enter number: The number of employees that use their own automobiles.
<b>MOTOR CARRIER SECTION</b>	<b>Volunteers</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
<b>MOTOR CARRIER SECTION</b>	<b>Number of Volunteers</b>	Enter number: The number of volunteers that use their own automobiles.
<b>MOTOR CARRIER SECTION</b>	<b>Partners</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
<b>MOTOR CARRIER SECTION</b>	<b>Number of Partners</b>	Enter number: The number of partners that use their own automobiles.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>MOTOR CARRIER SECTION</b>	<b>COMP / OTC - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.

<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The comprehensive or other than collision deductible amount.
<b>MOTOR CARRIER SECTION</b>	<b>Specified Causes of Loss - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>SCL</b>	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
<b>MOTOR CARRIER SECTION</b>	<b>F</b>	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>FT</b>	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>FTW</b>	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>LSP</b>	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The deductible associated with specified causes of loss coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Collision - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The collision deductible amount.

<b>MOTOR CARRIER SECTION</b>	<b>Towing &amp; Labor - 63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The towing and labor limit amount.
<b>MOTOR CARRIER SECTION</b>	<b>COMP / OTC - 69</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b>70</b>	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Radius</b>	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
<b>MOTOR CARRIER SECTION</b>	<b>Specified Causes of Loss - 69</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b>70</b>	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Radius</b>	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
<b>MOTOR CARRIER SECTION</b>	<b>Collision - 69</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.

<b>MOTOR CARRIER SECTION</b>	<b>70</b>	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Radius</b>	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The deductible amount applicable to trailer interchange collision coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Trailer Value</b>	Enter amount: The trailer value as assigned by the trailer interchange agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Hired Physical Damage - States</b>	Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
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<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
<b>MOTOR CARRIER SECTION</b>	<b># Veh</b>	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Coverage is: - Primary</b>	Check the box (if applicable): Indicates if this coverage is on a primary basis.
<b>MOTOR CARRIER SECTION</b>	<b>Secondary</b>	Check the box (if applicable): Indicates if this coverage is on a secondary basis.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.

<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>I select UMBI Coverage which provides compensation for economic and non-economic losses with limits lower than the Bodily Injury Liability Coverage limits indicated on the policy:</b>	Initial here: The named insured's initials. As used here, indicates the named insured has selected uninsured motorists bodily injury coverage which provides compensation for economic and non-economic losses with limits lower than the Bodily Injury Liability Coverage limits indicated on the policy.
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>UMBI Coverage Each Person</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>UMBI Coverage Each Accident / Occurrence</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>UMBI Coverage Each Accident / Occurrence</b>	Enter limit: The uninsured motorists combined single limit per accident limit amount.

<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>I select Economic-Only UMBI Coverage, which provides compensation for economic losses with the same limits as the Bodily Injury Liability Coverage indicated on the policy.</b>	Initial here: The named insured's initials. As used here, indicates the named insured has selected uninsured motorists bodily injury coverage including economic losses only with the same limits as the bodily injury coverage.
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>I select Economic-Only UMBI Coverage, which provides compensation for economic losses with limits lower than the Bodily Injury Liability Coverage limits indicated on the policy:</b>	Initial here: The named insured's initials. As used here, indicates the named insured has selected uninsured motorists bodily injury coverage including economic losses only with lower limits than the bodily injury coverage.
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>UMBI Coverage Each Person</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>UMBI Coverage Each Accident / Occurrence</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>UMBI Coverage Each Accident / Occurrence</b>	Enter limit: The uninsured motorists combined single limit per accident limit amount.
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>I Do Not Want UMBI Coverage</b>	Initial here: The named insured's initials. As used here, indicates the named insured has rejected uninsured motorists bodily injury coverage.
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>Signature of Named Insured or Legal Representative</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>Print Name</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.

<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>Optional Information for Policy Identification Only</b>	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. As used here, contains optional information for policy identification purposes only.
<b>UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE</b>	<b>Individual Company Name, Group Name and/or logo</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>I select Uninsured Motorists Property Damage Coverage at a limit of \$ (enter limit) for each accident for the vehicles listed below.</b>	Initial here: The named insured's initials. As used here, indicates the named insured acknowledges that uninsured motorists property damage coverage has been offered.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Limit</b>	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>VEH #</b>	Enter number: The producer assigned vehicle number. As used here, the vehicle number of the vehicle to be covered by uninsured motorists property damage coverage.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).

<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>VEH #</b>	Enter number: The producer assigned vehicle number. As used here, the vehicle number of the vehicle to be covered by uninsured motorists property damage coverage.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>VEH #</b>	Enter number: The producer assigned vehicle number. As used here, the vehicle number of the vehicle to be covered by uninsured motorists property damage coverage.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>VEH #</b>	Enter number: The producer assigned vehicle number. As used here, the vehicle number of the vehicle to be covered by uninsured motorists property damage coverage.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Year</b>	Enter year: The model year of the vehicle.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Make</b>	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).



<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Model</b>	Enter text: The manufacturer's model name for the vehicle.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>I reject Uninsured Motorists Property Damage Coverage entirely.</b>	Initial here: The named insured's initials. As used here, indicates the named insured has rejected uninsured motorists property damage coverage.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Signature of Named Insured or Legal Representative</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)