

ACORD 137 OH (2015/12) - OHIO COMMERCIAL AUTO COVERAGES / LIMITS SECTION

ACORD 137 OH, Ohio 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 the state of Ohio.

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 coverage is not available. This is not a "no-fault" state.
- * Provision is made for Uninsured Motorists Property Damage coverage.
- * A state-specific fraud warning is included.

Form Page 1

| Section Name | Field Name | Description |
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| 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 | Liability 1 | Check the box (if applicable): Indicates that any auto is covered. |
| BUSINESS AUTO | Liability 2 | Check the box (if applicable): Indicates that owned autos only are covered. |
| BUSINESS AUTO | Liability 3 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |

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| BUSINESS AUTO | Liability 4 | Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered. |
| BUSINESS AUTO | Liability 7 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| BUSINESS AUTO | Liability 8 | Check the box (if applicable): Indicates that hired autos only are covered. |
| BUSINESS AUTO | Liability 9 | Check the box (if applicable): Indicates that non-owned autos only are covered. |
| BUSINESS AUTO | Other (checkbox) | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| BUSINESS AUTO | Liability 4 | Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable. |
| BUSINESS AUTO | Liability 7 | Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage. |
| BUSINESS AUTO | Liability 8 | Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage. |
| BUSINESS AUTO | Liability 9 | 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). As used here, this may also contain the combined single limit each accident if the appropriate box has been checked on the form. |
| BUSINESS AUTO | Other (blank field) | 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). |
| BUSINESS AUTO | 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). |
| BUSINESS AUTO | Medical Payments 2 | Check the box (if applicable): Indicates that owned autos only are covered. |
| BUSINESS AUTO | Medical Payments 3 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |
| BUSINESS AUTO | Medical Payments 4 | Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered. |
| BUSINESS AUTO | Medical Payments 7 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| BUSINESS AUTO | Medical Payments 8 | Check the box (if applicable): Indicates that hired autos only are covered. |
| BUSINESS AUTO | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| BUSINESS AUTO | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable. |
| BUSINESS AUTO | Ea Person (\$) | Enter limit: The medical payments per person limit. |
| BUSINESS AUTO | Uninsured Motorists 2 | Check the box (if applicable): Indicates that owned autos only are covered. |
| BUSINESS AUTO | Uninsured Motorists 3 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |

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| BUSINESS AUTO | Uninsured Motorists 4 | Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered. |
| BUSINESS AUTO | Uninsured Motorists 6 | Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorists law are covered. |
| BUSINESS AUTO | Uninsured Motorists 7 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| BUSINESS AUTO | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| BUSINESS AUTO | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable. |
| BUSINESS AUTO | CSL (checkbox) | Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage. |
| BUSINESS AUTO | BI Ea Per (checkbox) | Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage. |
| BUSINESS AUTO | Amount | 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.) As used here, this may contain a combined single limit if the appropriate box has been checked on the form. |
| BUSINESS AUTO | BI Each Accident (\$) | 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. |
| BUSINESS AUTO | Property Damage (checkbox) | Check the box (if applicable): Indicates if property damage is part of the coverage being requested. |
| BUSINESS AUTO | Property Damage (\$) | Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state. |
| BUSINESS AUTO | Ded (\$) | Enter deductible: The uninsured motorists property damage deductible amount. |
| BUSINESS AUTO | Underinsured Motorist 2 | Check the box (if applicable): Indicates that owned autos only are covered. |
| BUSINESS AUTO | Underinsured Motorist 3 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |
| BUSINESS AUTO | Underinsured Motorist 4 | Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered. |
| BUSINESS AUTO | Underinsured Motorist 6 | Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorists law are covered. |
| BUSINESS AUTO | Underinsured Motorist 7 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| BUSINESS AUTO | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |

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| BUSINESS AUTO | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable. |
| BUSINESS AUTO | CSL (checkbox) | Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage. |
| BUSINESS AUTO | BI Ea Per (checkbox) | Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage. |
| BUSINESS AUTO | Amount | Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount. As used here, this may contain a combined single limit for each accident if the appropriate box has been checked on the form. |
| BUSINESS AUTO | BI Each Accident (\$) | Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state. |
| BUSINESS AUTO | Hired / Borrowed Liability Yes | Check the box (if applicable): Indicates if hired / borrowed coverage applies. |
| BUSINESS AUTO | States | Enter code: Indicates a state where autos are hired or borrowed. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are hired or borrowed. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are hired or borrowed. |
| BUSINESS AUTO | No | Check the box (if applicable): Indicates that hired / borrowed coverage does not apply. |
| BUSINESS AUTO | Cost of Hire | Enter amount: The estimated amount it will cost to hire the vehicles. |
| BUSINESS AUTO | If any Basis (checkbox) | 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. |
| BUSINESS AUTO | Non-Owned Liability Yes | 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. |
| BUSINESS AUTO | States | Enter code: Indicates a state where autos are non-owned. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are non-owned. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are non-owned. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are non-owned. |
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| BUSINESS AUTO | | Enter code: Indicates a state where autos are non-owned. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are non-owned. |
| BUSINESS AUTO | | Check the box (if applicable): Indicates that non-owned coverage does not apply. |
| BUSINESS AUTO | Group Type Employees (checkbox) | Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees. |
| BUSINESS AUTO | Employees (#) | Enter number: The number of employees that use their own automobiles. |
| BUSINESS AUTO | Volunteers (checkbox) | Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers. |
| BUSINESS AUTO | Volunteers (#) | Enter number: The number of volunteers that use their own automobiles. |
| BUSINESS AUTO | Partners (checkbox) | Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners. |
| BUSINESS AUTO | Partners (#) | Enter number: The number of partners that use their own automobiles. |
| BUSINESS AUTO | Additional Coverage Description | 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). |
| BUSINESS AUTO | Additional Coverage Covered Auto Symbols | Enter text: The symbols that apply to the other coverage listed. |
| BUSINESS AUTO | Additional Coverage Limit | Enter limit: The limit amount of the other coverage. |
| BUSINESS AUTO | Additional Coverage Description | 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). |
| BUSINESS AUTO | Additional Coverage Covered Auto Symbols | Enter text: The symbols that apply to the other coverage listed. |
| BUSINESS AUTO | Additional Coverage Limit | Enter limit: The limit amount of the other coverage. |
| BUSINESS AUTO | Towing & Labor 3 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |
| BUSINESS AUTO | Towing & Labor 7 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| BUSINESS AUTO | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| BUSINESS AUTO | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable. |
| BUSINESS AUTO | Limit (\$) | Enter limit: The towing and labor limit amount. |
| BUSINESS AUTO | Comp / OTC 2 | Check the box (if applicable): Indicates that owned autos only are covered. |
| BUSINESS AUTO | Comp / OTC 3 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |

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

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| BUSINESS AUTO | Additional Coverage Description | 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). |
| BUSINESS AUTO | Additional Coverage Covered Auto Symbols | Enter text: The symbols that apply to the other coverage listed. |
| BUSINESS AUTO | Additional Coverage Limit | Enter limit: The limit amount of the other coverage. |
| BUSINESS AUTO | Hired Physical Damage States | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| BUSINESS AUTO | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| BUSINESS AUTO | Hired Physical Damage # Days | Enter number: The number of days needed to rate Hired Physical Damage Coverage. |
| BUSINESS AUTO | Hired Physical Damage # Veh | Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage. |
| BUSINESS AUTO | Coverage / Deductible Comp (checkbox) | Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage. |
| BUSINESS AUTO | Comp (\$) | Enter deductible: The comprehensive or other than collision deductible amount. |
| BUSINESS AUTO | Specified Causes of Loss (checkbox) | 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 |
| BUSINESS AUTO | Specified Causes of Loss (\$) | 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. |
| BUSINESS AUTO | Coll (checkbox) | Check the box (if applicable): Indicates the vehicle has collision coverage. |
| BUSINESS AUTO | Coll (\$) | Enter deductible: The collision deductible amount. |

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| BUSINESS AUTO | Coverage is: Primary (Checkbox) | Check the box (if applicable): Indicates if this coverage is on a primary basis. |
| BUSINESS AUTO | Coverage is: Secondary (Checkbox) | Check the box (if applicable): Indicates if this coverage is on a secondary basis. |
| ENDORSEMENTS / REMARKS | Endorsements / Remarks | 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. |
| SIGNATURE | Applicant's Signature | Sign here: Accommodates the signature of the applicant or named insured. |
| SIGNATURE | Date | Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY) |
| SIGNATURE | Producer's Signature | 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. |
| SIGNATURE | National Producer Number | 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 |
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| IDENTIFICATION SECTION | Agency Customer ID | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage). |
| TRUCKERS | Liability 41 | Check the box (if applicable): Indicates that any auto is covered. |
| TRUCKERS | Liability 42 | Check the box (if applicable): Indicates that owned autos only are covered. |
| TRUCKERS | Liability 43 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| TRUCKERS | Liability 46 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| TRUCKERS | Liability 47 | Check the box (if applicable): Indicates that hired autos only are covered. |
| TRUCKERS | Liability 50 | Check the box (if applicable): Indicates that non-owned autos only are covered. |
| TRUCKERS | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| TRUCKERS | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| TRUCKERS | CSL (checkbox) | Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage. |

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| TRUCKERS | BI Ea Per (checkbox) | Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage. |
| TRUCKERS | Amount | 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 | 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 | 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 | Medical Payments 42 | Check the box (if applicable): Indicates that owned autos only are covered. |
| TRUCKERS | Medical Payments 43 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| TRUCKERS | Medical Payments 46 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| TRUCKERS | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| TRUCKERS | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| TRUCKERS | Ea Person (\$) | Enter limit: The medical payments per person limit. |
| TRUCKERS | Uninsured Motorists 42 | Check the box (if applicable): Indicates that owned autos only are covered. |
| TRUCKERS | Uninsured Motorists 43 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| TRUCKERS | Uninsured Motorists 45 | Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered. |
| TRUCKERS | Uninsured Motorists 46 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| TRUCKERS | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| TRUCKERS | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| TRUCKERS | CSL (checkbox) | Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage. |
| TRUCKERS | BI Ea Per (checkbox) | Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage. |
| TRUCKERS | Amount | 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.) |
| TRUCKERS | BI Each Accident (\$) | 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. |

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| TRUCKERS | Property Damage (checkbox) | Check the box (if applicable): Indicates if property damage is part of the coverage being requested. |
| TRUCKERS | Property Damage (\$) | Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state. |
| TRUCKERS | Ded (\$) | Enter deductible: The uninsured motorists property damage deductible amount. |
| TRUCKERS | Underinsured Motorist 42 | Check the box (if applicable): Indicates that owned autos only are covered. |
| TRUCKERS | Underinsured Motorist 43 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| TRUCKERS | Underinsured Motorist 45 | Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered. |
| TRUCKERS | Underinsured Motorist 46 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| TRUCKERS | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| TRUCKERS | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| TRUCKERS | CSL (checkbox) | Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage. |
| TRUCKERS | BI Ea Per (checkbox) | Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage. |
| TRUCKERS | Amount | Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount. |
| TRUCKERS | BI Ea Accident (\$) | Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state. |
| TRUCKERS | Non-Truckers Hired / Borrowed Liability Yes | Check the box (if applicable): Indicates if hired / borrowed coverage applies. |
| TRUCKERS | States | Enter code: Indicates a state where autos are hired or borrowed. |
| TRUCKERS | | Enter code: Indicates a state where autos are hired or borrowed. |
| TRUCKERS | | Enter code: Indicates a state where autos are hired or borrowed. |
| TRUCKERS | No | Check the box (if applicable): Indicates that hired / borrowed coverage does not apply. |
| TRUCKERS | Cost of Hire | Enter amount: The estimated amount it will cost to hire the vehicles. |
| TRUCKERS | If any Basis (checkbox) | 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. |

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| TRUCKERS | Truckers Hired / Borrowed Liability Yes | Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies. |
| TRUCKERS | States | Enter code: Indicates a state where autos are hired or borrowed. |
| TRUCKERS | | Enter code: Indicates a state where autos are hired or borrowed. |
| TRUCKERS | | Enter code: Indicates a state where autos are hired or borrowed. |
| TRUCKERS | No | Check the box (if applicable): Indicates that truckers hired / borrowed coverage does not apply. |
| TRUCKERS | Cost of Hire | Enter amount: The estimated amount it will cost to hire the vehicles. |
| TRUCKERS | If any Basis (checkbox) | 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 | Non-Owned Auto Liability Yes | Check the box (if applicable): Indicates if non-owned coverage applies. |
| TRUCKERS | States | Enter code: Indicates a state where autos are non-owned. |
| TRUCKERS | | Enter code: Indicates a state where autos are non-owned. |
| TRUCKERS | | Enter code: Indicates a state where autos are non-owned. |
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| TRUCKERS | | Enter code: Indicates a state where autos are non-owned. |
| TRUCKERS | | Enter code: Indicates a state where autos are non-owned. |
| TRUCKERS | No | Check the box (if applicable): Indicates that non-owned coverage does not apply. |
| TRUCKERS | Group Type Employees (checkbox) | Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees. |
| TRUCKERS | Employees (#) | Enter number: The number of employees that use their own automobiles. |
| TRUCKERS | Volunteers (checkbox) | Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers. |
| TRUCKERS | Volunteers (#) | Enter number: The number of volunteers that use their own automobiles. |
| TRUCKERS | Partners (checkbox) | Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners. |
| TRUCKERS | Partners (#) | Enter number: The number of partners that use their own automobiles. |

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| TRUCKERS | Additional Coverage Description | 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 | Additional Coverage Covered Auto Symbols | Enter text: The symbols that apply to the other coverage listed. |
| TRUCKERS | Additional Coverage Limit | Enter limit: The limit amount of the other coverage. |
| TRUCKERS | Additional Coverage Description | 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 | Additional Coverage Covered Auto Symbols | Enter text: The symbols that apply to the other coverage listed. |
| TRUCKERS | Additional Coverage Limit | Enter limit: The limit amount of the other coverage. |
| TRUCKERS | Physical Damage Comprehensive 42 | Check the box (if applicable): Indicates that owned autos only are covered. |
| TRUCKERS | Comp / OTC 43 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| TRUCKERS | Comp / OTC 46 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| TRUCKERS | Comp / OTC 47 | Check the box (if applicable): Indicates that hired autos only are covered. |
| TRUCKERS | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| TRUCKERS | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| TRUCKERS | Deductible (\$) | Enter deductible: The comprehensive or other than collision deductible amount. |
| TRUCKERS | Specified Causes of Loss 42 | Check the box (if applicable): Indicates that owned autos only are covered. |
| TRUCKERS | Specified Causes of Loss 43 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| TRUCKERS | Specified Causes of Loss 46 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| TRUCKERS | Specified Causes of Loss 47 | Check the box (if applicable): Indicates that hired autos only are covered. |
| TRUCKERS | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| TRUCKERS | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| TRUCKERS | SCL | Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage. |
| TRUCKERS | F | Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle. |

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| TRUCKERS | FT | Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle. |
| TRUCKERS | FTW | Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle. |
| TRUCKERS | LSP | Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle. |
| TRUCKERS | Deductible (\$) | Enter deductible: The deductible associated with specified causes of loss coverage. |
| TRUCKERS | Collision 42 | Check the box (if applicable): Indicates that owned autos only are covered. |
| TRUCKERS | Collision 43 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| TRUCKERS | Collision 46 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| TRUCKERS | Collision 47 | Check the box (if applicable): Indicates that hired autos only are covered. |
| TRUCKERS | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| TRUCKERS | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| TRUCKERS | Deductible (\$) | Enter deductible: The collision deductible amount. |
| TRUCKERS | Towing & Labor 46 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| TRUCKERS | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| TRUCKERS | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| TRUCKERS | Limit (\$) | Enter limit: The towing and labor limit amount. |
| TRUCKERS | Comp / OTC 48 | Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered. |
| TRUCKERS | Comp / OTC 49 | Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered. |
| TRUCKERS | # Trailers | Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement. |
| TRUCKERS | Farth Zone | Enter code: The state of the farthest zone where trailer interchange coverage applies. |
| TRUCKERS | # 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 | Radius | Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors. |

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| TRUCKERS | Specified Causes of Loss 48 | Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered. |
| TRUCKERS | Specified Causes of Loss 49 | Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered. |
| TRUCKERS | # Trailers | Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement. |
| TRUCKERS | Farth Zone | Enter code: The state of the farthest zone where trailer interchange coverage applies. |
| TRUCKERS | # 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 | Radius | Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors. |
| TRUCKERS | Collision 48 | Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered. |
| TRUCKERS | Collision 49 | Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered. |
| TRUCKERS | # Trailers | Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement. |
| TRUCKERS | Farth Zone | Enter code: The state of the farthest zone where trailer interchange coverage applies. |
| TRUCKERS | # 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 | Radius | Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors. |
| TRUCKERS | Deductible (\$) | Enter deductible: The deductible amount applicable to trailer interchange collision coverage. |
| TRUCKERS | Trailer Value | Enter amount: The trailer value as assigned by the trailer interchange agreement. |
| TRUCKERS | Hired Physical Damage States | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| TRUCKERS | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| TRUCKERS | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| TRUCKERS | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| TRUCKERS | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |

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| TRUCKERS | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| TRUCKERS | Hired Physical Damage # Days | Enter number: The number of days needed to rate Hired Physical Damage Coverage. |
| TRUCKERS | Hired Physical Damage # Veh | Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage. |
| TRUCKERS | Coverage is: Primary (Checkbox) | Check the box (if applicable): Indicates if this coverage is on a primary basis. |
| TRUCKERS | Coverage is: Secondary (Checkbox) | Check the box (if applicable): Indicates if this coverage is on a secondary basis. |
| TRUCKERS | Additional Coverage Description | 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 | Additional Coverage Covered Auto Symbols | Enter text: The symbols that apply to the other coverage listed. |
| TRUCKERS | Additional Coverage Limit | Enter limit: The limit amount of the other coverage. |
| ENDORSEMENTS / REMARKS | Endorsements / Remarks | 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. |
| SIGNATURE | Applicant's Signature | Sign here: Accommodates the signature of the applicant or named insured. |
| SIGNATURE | Date | Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY) |
| SIGNATURE | Producer's Signature | 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. |
| SIGNATURE | National Producer Number | 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 3

| Section Name | Field Name | Description |
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| IDENTIFICATION SECTION | Agency Customer ID | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage). |
| MOTOR CARRIER SECTION | Liability 61 | Check the box (if applicable): Indicates that any auto is covered. |
| MOTOR CARRIER SECTION | Liability 62 | Check the box (if applicable): Indicates that owned autos only are covered. |

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| MOTOR CARRIER SECTION | Liability 63 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |
| MOTOR CARRIER SECTION | Liability 64 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| MOTOR CARRIER SECTION | Liability 67 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| MOTOR CARRIER SECTION | Liability 68 | Check the box (if applicable): Indicates that hired autos only are covered. |
| MOTOR CARRIER SECTION | Liability 71 | Check the box (if applicable): Indicates that non-owned autos only are covered. |
| MOTOR CARRIER SECTION | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| MOTOR CARRIER SECTION | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| MOTOR CARRIER SECTION | CSL (Checkbox) | Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage. |
| MOTOR CARRIER SECTION | BI Ea Per (checkbox) | Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage. |
| MOTOR CARRIER SECTION | Amount | 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). |
| MOTOR CARRIER 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). |
| MOTOR CARRIER 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). |
| MOTOR CARRIER SECTION | Medical Payments 62 | Check the box (if applicable): Indicates that owned autos only are covered. |
| MOTOR CARRIER SECTION | Medical Payments 63 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |
| MOTOR CARRIER SECTION | Medical Payments 64 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| MOTOR CARRIER SECTION | Medical Payments 67 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| MOTOR CARRIER SECTION | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| MOTOR CARRIER SECTION | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| MOTOR CARRIER SECTION | Ea Person (\$) | Enter limit: The medical payments per person limit. |
| MOTOR CARRIER SECTION | Uninsured Motorist 62 | Check the box (if applicable): Indicates that owned autos only are covered. |
| MOTOR CARRIER SECTION | Uninsured Motorist 63 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |
| MOTOR CARRIER SECTION | Uninsured Motorist 64 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |

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| MOTOR CARRIER SECTION | Uninsured Motorist 66 | Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered. |
| MOTOR CARRIER SECTION | Uninsured Motorist 67 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| MOTOR CARRIER SECTION | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| MOTOR CARRIER SECTION | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| MOTOR CARRIER SECTION | CSL (checkbox) | Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage. |
| MOTOR CARRIER SECTION | BI Ea Per (checkbox) | Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage. |
| MOTOR CARRIER SECTION | Amount | 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.) |
| MOTOR CARRIER SECTION | BI Each Accident (\$) | 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. |
| MOTOR CARRIER SECTION | Property Damage (checkbox) | Check the box (if applicable): Indicates if property damage is part of the coverage being requested. |
| MOTOR CARRIER SECTION | Property Damage (\$) | Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state. |
| MOTOR CARRIER SECTION | Ded (\$) | Enter deductible: The uninsured motorists property damage deductible amount. |
| MOTOR CARRIER SECTION | Underinsured Motorist 62 | Check the box (if applicable): Indicates that owned autos only are covered. |
| MOTOR CARRIER SECTION | Underinsured Motorist 63 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |
| MOTOR CARRIER SECTION | Underinsured Motorist 64 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| MOTOR CARRIER SECTION | Underinsured Motorist 66 | Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered. |
| MOTOR CARRIER SECTION | Underinsured Motorist 67 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| MOTOR CARRIER SECTION | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| MOTOR CARRIER SECTION | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| MOTOR CARRIER SECTION | CSL (checkbox) | Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage. |

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| MOTOR CARRIER SECTION | BI Ea Per (checkbox) | Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage. |
| MOTOR CARRIER SECTION | Amount | Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount. |
| MOTOR CARRIER SECTION | BI Each Accident (\$) | Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state. |
| MOTOR CARRIER SECTION | Non-Truckers Hired / Borrowed Liability Yes | Check the box (if applicable): Indicates if hired / borrowed coverage applies. |
| MOTOR CARRIER SECTION | States | Enter code: Indicates a state where autos are hired or borrowed. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are hired or borrowed. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are hired or borrowed. |
| MOTOR CARRIER SECTION | No | Check the box (if applicable): Indicates that hired / borrowed coverage does not apply. |
| MOTOR CARRIER SECTION | Cost of Hire | Enter amount: The estimated amount it will cost to hire the vehicles. |
| MOTOR CARRIER SECTION | If any Basis (checkbox) | 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. |
| MOTOR CARRIER SECTION | Truckers Hired / Borrowed Liability Yes | Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies. |
| MOTOR CARRIER SECTION | States | Enter code: Indicates a state where autos are hired or borrowed. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are hired or borrowed. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are hired or borrowed. |
| MOTOR CARRIER SECTION | No | Check the box (if applicable): Indicates that truckers hired / borrowed coverage does not apply. |
| MOTOR CARRIER SECTION | Cost of Hire | Enter amount: The estimated amount it will cost to hire the vehicles. |
| MOTOR CARRIER SECTION | If any Basis (checkbox) | 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. |
| MOTOR CARRIER SECTION | Non-Owned Auto Liability Yes | Check the box (if applicable): Indicates if non-owned coverage applies. |
| MOTOR CARRIER SECTION | States | Enter code: Indicates a state where autos are non-owned. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are non-owned. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are non-owned. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are non-owned. |

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| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are non-owned. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are non-owned. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are non-owned. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are non-owned. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are non-owned. |
| MOTOR CARRIER SECTION | No | Check the box (if applicable): Indicates that non-owned coverage does not apply. |
| MOTOR CARRIER SECTION | Group Type Employees (checkbox) | Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees. |
| MOTOR CARRIER SECTION | Employees (#) | Enter number: The number of employees that use their own automobiles. |
| MOTOR CARRIER SECTION | Volunteers (checkbox) | Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers. |
| MOTOR CARRIER SECTION | Volunteers (#) | Enter number: The number of volunteers that use their own automobiles. |
| MOTOR CARRIER SECTION | Partners (checkbox) | Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners. |
| MOTOR CARRIER SECTION | Partners (#) | Enter number: The number of partners that use their own automobiles. |
| MOTOR CARRIER SECTION | Additional Coverage Description | 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). |
| MOTOR CARRIER SECTION | Additional Coverage Covered Auto Symbols | Enter text: The symbols that apply to the other coverage listed. |
| MOTOR CARRIER SECTION | Additional Coverage Limit | Enter limit: The limit amount of the other coverage. |
| MOTOR CARRIER SECTION | Comp / OTC 62 | Check the box (if applicable): Indicates that owned autos only are covered. |
| MOTOR CARRIER SECTION | Comp / OTC 63 | Check the box (if applicable): Indicates that owned private passenger autos only are covered. |
| MOTOR CARRIER SECTION | Comp / OTC 64 | Check the box (if applicable): Indicates that owned commercial autos only are covered. |
| MOTOR CARRIER SECTION | Comp / OTC 67 | Check the box (if applicable): Indicates that specifically described autos are covered. |
| MOTOR CARRIER SECTION | Comp / OTC 68 | Check the box (if applicable): Indicates that hired autos only are covered. |
| MOTOR CARRIER SECTION | Other Covered Auto Symbol | Check the box (if applicable): Indicates that a symbol other than those listed should be used. |
| MOTOR CARRIER SECTION | Other Covered Auto Symbol Description | Enter code: The symbol code for the coverage. |
| MOTOR CARRIER SECTION | Deductible (\$) | Enter deductible: The comprehensive or other than collision deductible amount. |
| MOTOR CARRIER SECTION | Specified Causes of Loss 62 | Check the box (if applicable): Indicates that owned autos only are covered. |

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

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| MOTOR CARRIER SECTION | Limit (\$) | Enter limit: The towing and labor limit amount. |
| MOTOR CARRIER SECTION | Comp / OTC 69 | Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered. |
| MOTOR CARRIER SECTION | Comp / OTC 70 | Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered. |
| MOTOR CARRIER SECTION | # Trailers | Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement. |
| MOTOR CARRIER SECTION | Farth Zone | Enter code: The state of the farthest zone where trailer interchange coverage applies. |
| MOTOR CARRIER 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. |
| MOTOR CARRIER SECTION | Radius | Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors. |
| MOTOR CARRIER SECTION | Specified Causes of Loss 69 | Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered. |
| MOTOR CARRIER SECTION | Specified Causes of Loss 70 | Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered. |
| MOTOR CARRIER SECTION | # Trailers | Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement. |
| MOTOR CARRIER SECTION | Farth Zone | Enter code: The state of the farthest zone where trailer interchange coverage applies. |
| MOTOR CARRIER 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. |
| MOTOR CARRIER SECTION | Radius | Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors. |
| MOTOR CARRIER SECTION | Collision 69 | Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered. |
| MOTOR CARRIER SECTION | Collision 70 | Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered. |
| MOTOR CARRIER SECTION | # Trailers | Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement. |
| MOTOR CARRIER SECTION | Farth Zone | Enter code: The state of the farthest zone where trailer interchange coverage applies. |

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| MOTOR CARRIER 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. |
| MOTOR CARRIER SECTION | Radius | Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors. |
| MOTOR CARRIER SECTION | Deductible (\$) | Enter deductible: The deductible amount applicable to trailer interchange collision coverage. |
| MOTOR CARRIER SECTION | Trailer Value | Enter amount: The trailer value as assigned by the trailer interchange agreement. |
| MOTOR CARRIER SECTION | Hired Physical Damage States | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| MOTOR CARRIER SECTION | | Enter code: Indicates a state where autos are hired and have physical damage coverage. |
| MOTOR CARRIER SECTION | # Days | Enter number: The number of days needed to rate Hired Physical Damage Coverage. |
| MOTOR CARRIER SECTION | # Veh | Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage. |
| MOTOR CARRIER SECTION | Coverage is: Primary (Checkbox) | Check the box (if applicable): Indicates if this coverage is on a primary basis. |
| MOTOR CARRIER SECTION | Coverage is: Secondary (Checkbox) | Check the box (if applicable): Indicates if this coverage is on a secondary basis. |
| MOTOR CARRIER SECTION | Additional Coverage Description | 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). |
| MOTOR CARRIER SECTION | Additional Coverage Covered Auto Symbols | Enter text: The symbols that apply to the other coverage listed. |
| MOTOR CARRIER SECTION | Additional Coverage Limit | Enter limit: The limit amount of the other coverage. |
| ENDORSEMENTS / REMARKS | Endorsements / Remarks | 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 use here, enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. |
| SIGNATURE | Applicant's Signature | Sign here: Accommodates the signature of the applicant or named insured. |

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| SIGNATURE | Date | Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY) |
| SIGNATURE | Producer's Signature | 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. |
| SIGNATURE | National Producer Number | 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. |