

ACORD 137 WA (2015/12) - WASHINGTON COMMERCIAL AUTO COVERAGES / LIMITS SECTION

ACORD 137 WA, Washington 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.

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 revised to reflect Washington's unique coverages and options. Refer to your state Manual.
- * Added "Auto Loan" coverage in the Physical Damage section.
- * A State Specific Fraud Warning is included.
- * Statement added to the form referring to the options available under Underinsured Motorists and the applicant's right to reject these coverages. Applicant must initial the selected option(s).
- * Mandatory Offer of Personal Injury Protection Coverage is on Page 4 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	Name 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.
BUSINESS AUTO SECTION	2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO SECTION	3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO SECTION	4	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
BUSINESS AUTO SECTION	7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO SECTION	8	Check the box (if applicable): Indicates that hired autos only are covered.
BUSINESS AUTO SECTION	9	Check the box (if applicable): Indicates that non-owned autos only are covered.
BUSINESS AUTO SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO SECTION	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 SECTION	CSL	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
BUSINESS AUTO SECTION	BI Ea Person	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
BUSINESS AUTO 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).
BUSINESS AUTO 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).
BUSINESS AUTO 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).
BUSINESS AUTO SECTION	Personal Injury Protection - 2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO SECTION	7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO SECTION	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 SECTION	Medical Expense	Enter limit: The personal injury protection (PIP) medical expense limit amount.
BUSINESS AUTO SECTION	Service Loss	Enter limit: The limit amount for the other expense - service loss benefit coverage.
BUSINESS AUTO SECTION	Income Contin	Enter limit: The personal injury protection (PIP) income continuation limit amount.
BUSINESS AUTO SECTION	Funeral Expense	Enter limit: The limit amount for the other expense - funeral expense coverage.

BUSINESS AUTO SECTION	Additional P.I.P - 2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO SECTION	7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO SECTION	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 SECTION	Limit	Enter limit: The additional personal injury protection (APIP) limit amount.
BUSINESS AUTO SECTION	Medical Payments - 2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO SECTION	3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO SECTION	4	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
BUSINESS AUTO SECTION	7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO SECTION	8	Check the box (if applicable): Indicates that hired autos only are covered.
BUSINESS AUTO SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO SECTION	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 SECTION	Each Person	Enter limit: The medical payments per person limit.
BUSINESS AUTO SECTION	Underinsured Motorists - 2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO SECTION	3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO SECTION	4	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
BUSINESS AUTO SECTION	6	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorists law are covered.
BUSINESS AUTO SECTION	7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO SECTION	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 SECTION	CSL	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
BUSINESS AUTO SECTION	BI Ea Person	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.

BUSINESS AUTO SECTION	Limit	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.
BUSINESS AUTO 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.
BUSINESS AUTO SECTION	Property Damage	Enter limit: The underinsured motorists property damage per accident amount. The use of this limit varies by state.
BUSINESS AUTO SECTION	Deductible	Enter deductible: The underinsured motorists property damage deductible amount. The use of this limit varies by state.
BUSINESS AUTO SECTION	Hired / Borrowed Liability - Yes	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
BUSINESS AUTO SECTION	States	Enter code: Indicates a state where autos are hired or borrowed.
BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are hired or borrowed.
BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are hired or borrowed.
BUSINESS AUTO SECTION	No	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
BUSINESS AUTO SECTION	Cost of Hire	Enter amount: The estimated amount it will cost to hire the vehicles.
BUSINESS AUTO SECTION	If Any Basis	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 SECTION	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 SECTION	States	Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are non-owned.
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BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are non-owned.
BUSINESS AUTO SECTION	No	Check the box (if applicable): Indicates that non-owned coverage does not apply.

BUSINESS AUTO SECTION	Group Type - Employees	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
BUSINESS AUTO SECTION	Number Of Employees	Enter number: The number of employees that use their own automobiles.
BUSINESS AUTO SECTION	Volunteers	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
BUSINESS AUTO SECTION	Number Of Volunteers	Enter number: The number of volunteers that use their own automobiles.
BUSINESS AUTO SECTION	Partners	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
BUSINESS AUTO SECTION	Number Of Partners	Enter number: The number of partners that use their own automobiles.
BUSINESS AUTO 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).
BUSINESS AUTO SECTION	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
BUSINESS AUTO SECTION	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
BUSINESS AUTO 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).
BUSINESS AUTO SECTION	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
BUSINESS AUTO SECTION	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
BUSINESS AUTO SECTION	Towing & Labor - 3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO SECTION	7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO SECTION	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 SECTION	Limit	Enter limit: The towing and labor limit amount.
BUSINESS AUTO SECTION	COMP / OTC - 2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO SECTION	3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO SECTION	4	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
BUSINESS AUTO SECTION	7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO SECTION	8	Check the box (if applicable): Indicates that hired autos only are covered.

BUSINESS AUTO SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO SECTION	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 SECTION	Specified Causes of Loss - 2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO SECTION	3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO SECTION	4	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
BUSINESS AUTO SECTION	7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO SECTION	8	Check the box (if applicable): Indicates that hired autos only are covered.
BUSINESS AUTO SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO SECTION	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 SECTION	Collision - 2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO SECTION	3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO SECTION	4	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
BUSINESS AUTO SECTION	7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO SECTION	8	Check the box (if applicable): Indicates that hired autos only are covered.
BUSINESS AUTO SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO SECTION	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 SECTION	Auto Loan - 2	Check the box (if applicable): Indicates that owned autos only are covered.
BUSINESS AUTO SECTION	3	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
BUSINESS AUTO SECTION	4	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
BUSINESS AUTO SECTION	7	Check the box (if applicable): Indicates that specifically described autos are covered.
BUSINESS AUTO SECTION	8	Check the box (if applicable): Indicates that hired autos only are covered.
BUSINESS AUTO SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
BUSINESS AUTO SECTION	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 SECTION	Limit	Enter limit: The auto loan coverage limit amount.
BUSINESS AUTO 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).
BUSINESS AUTO SECTION	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
BUSINESS AUTO SECTION	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
BUSINESS AUTO SECTION	Hired Physical Damage - States	Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO SECTION		Enter code: Indicates a state where autos are hired and have physical damage coverage.
BUSINESS AUTO SECTION	# Days	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
BUSINESS AUTO SECTION	# Veh	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
BUSINESS AUTO SECTION	Coverage / Deductible - Comp	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
BUSINESS AUTO SECTION	Deductible	Enter deductible: The comprehensive or other than collision deductible amount.
BUSINESS AUTO SECTION	Spec C of L	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 SECTION	Deductible	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 SECTION	Coll	Check the box (if applicable): Indicates the vehicle has collision coverage.
BUSINESS AUTO SECTION	Deductible	Enter deductible: The collision deductible amount.
BUSINESS AUTO SECTION	Coverage is: - Primary	Check the box (if applicable): Indicates if this coverage is on a primary basis.

BUSINESS AUTO SECTION	Secondary	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	1. I have selected UIM limits equal to my BI and PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists limits equal to their Bodily Injury and Property Damage Coverage.
SIGNATURE	2. I have selected UIM limits equal to my BI Coverage, but UIM PD limits lower than my PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists limits equal to their Bodily Injury Coverage, but Underinsured Motorists Property Damage limits lower than their Property Damage Coverage.
SIGNATURE	3. I have selected UIM limits lower than my BI Coverage, but UIM PD limits equal to my PD coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists limits lower than their Bodily Injury Coverage, but Underinsured Motorists Property Damage limits equal to their Property Damage coverage.
SIGNATURE	4. I have selected UIM BI limits and UIM PD limits lower than my BI and PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists Bodily Injury limits and Underinsured Motorists Property Damage limits lower than their Bodily Injury and Property Damage Coverage.
SIGNATURE	5. I have rejected UIM BI Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has rejected Underinsured Motorists Bodily Injury Coverage.
SIGNATURE	6. I have rejected UIM PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has rejected Underinsured Motorists Property Damage Coverage.
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 SECTION	Liability - 41	Check the box (if applicable): Indicates that any auto is covered.
TRUCKERS SECTION	42	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	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	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	Other Covered Auto Symbol Description	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 Person	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	Personal Injury Protection - 44	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
TRUCKERS SECTION	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	Medical Expense	Enter limit: The personal injury protection (PIP) medical expense limit amount.
TRUCKERS SECTION	Service Loss	Enter limit: The limit amount for the other expense - service loss benefit coverage.
TRUCKERS SECTION	Income Contin	Enter limit: The personal injury protection (PIP) income continuation limit amount.
TRUCKERS SECTION	Funeral Expense	Enter limit: The limit amount for the other expense - funeral expense coverage.

TRUCKERS SECTION	Additional P.I.P - 44	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
TRUCKERS SECTION	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	Limit	Enter limit: The additional personal injury protection (APIP) limit amount.
TRUCKERS SECTION	Medical Payments - 42	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	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	Each Person	Enter limit: The medical payments per person limit.
TRUCKERS SECTION	Underinsured Motorists - 42	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	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	Other Covered Auto Symbol Description	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 Person	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 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 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.

TRUCKERS SECTION	Property Damage	Enter limit: The underinsured motorists property damage per accident amount. The use of this limit varies by state.
TRUCKERS SECTION	Deductible	Enter deductible: The underinsured motorists property damage deductible amount. The use of this limit varies by state.
TRUCKERS SECTION	Non-Truckers Hired / Borrowed Liability - Yes	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
TRUCKERS SECTION	States	Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS SECTION		Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS SECTION		Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS SECTION	No	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
TRUCKERS SECTION	Cost of Hire	Enter amount: The estimated amount it will cost to hire the vehicles.
TRUCKERS SECTION	If Any Basis	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	Truckers Hired / Borrowed Liability - Yes	Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies.
TRUCKERS SECTION	States	Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS SECTION		Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS SECTION		Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS SECTION	No	Check the box (if applicable): Indicates that truckers hired / borrowed coverage does not apply.
TRUCKERS SECTION	Cost of Hire	Enter amount: The estimated amount it will cost to hire the vehicles.
TRUCKERS SECTION	If Any Basis	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	Non-Owned Auto Liability - Yes	Check the box (if applicable): Indicates if non-owned coverage applies.
TRUCKERS SECTION	States	Enter code: Indicates a state where autos are non-owned.
TRUCKERS SECTION		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	No	Check the box (if applicable): Indicates that non-owned coverage does not apply.
TRUCKERS SECTION	Group Type - Employees	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
TRUCKERS SECTION	Number Of Employees	Enter number: The number of employees that use their own automobiles.
TRUCKERS SECTION	Volunteers	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
TRUCKERS SECTION	Number Of Volunteers	Enter number: The number of volunteers that use their own automobiles.
TRUCKERS SECTION	Partners	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
TRUCKERS SECTION	Number Of Partners	Enter number: The number of partners that use their own automobiles.
TRUCKERS 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).
TRUCKERS SECTION	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
TRUCKERS SECTION	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
TRUCKERS 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).
TRUCKERS SECTION	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
TRUCKERS SECTION	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
TRUCKERS 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).
TRUCKERS SECTION	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
TRUCKERS SECTION	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
TRUCKERS SECTION	COMP / OTC - 42	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	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	Deductible	Enter deductible: The comprehensive or other than collision deductible amount.
TRUCKERS SECTION	Specified Causes of Loss - 42	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	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	SCL	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
TRUCKERS SECTION	F	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
TRUCKERS SECTION	FT	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
TRUCKERS SECTION	FTW	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
TRUCKERS SECTION	LSP	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
TRUCKERS SECTION	Deductible	Enter deductible: The deductible associated with specified causes of loss coverage.
TRUCKERS SECTION	Collision - 42	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	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	Deductible	Enter deductible: The collision deductible amount.

TRUCKERS SECTION	Towing & Labor - 46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	Limit	Enter limit: The towing and labor limit amount.
TRUCKERS SECTION	Auto Loan - 42	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	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS SECTION	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS SECTION	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS SECTION	Limit	Enter limit: The auto loan coverage limit amount.
TRUCKERS SECTION	COMP / OTC - 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	Specified Causes of Loss - 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	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.

TRUCKERS 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).
TRUCKERS SECTION	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
TRUCKERS 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.
SIGNATURE	1. I have selected UIM limits equal to my BI and PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists limits equal to their Bodily Injury and Property Damage Coverage.
SIGNATURE	2. I have selected UIM limits equal to my BI Coverage, but UIM PD limits lower than my PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists limits equal to their Bodily Injury Coverage, but Underinsured Motorists Property Damage limits lower than their Property Damage Coverage.
SIGNATURE	3. I have selected UIM limits lower than my BI Coverage, but UIM PD limits equal to my PD coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists limits lower than their Bodily Injury Coverage, but Underinsured Motorists Property Damage limits equal to their Property Damage coverage.
SIGNATURE	4. I have selected UIM BI limits and UIM PD limits lower than my BI and PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists Bodily Injury limits and Underinsured Motorists Property Damage limits lower than their Bodily Injury and Property Damage Coverage.
SIGNATURE	5. I have rejected UIM BI Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has rejected Underinsured Motorists Bodily Injury Coverage.
SIGNATURE	6. I have rejected UIM PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has rejected Underinsured Motorists Property Damage Coverage.
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
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	62	Check the box (if applicable): Indicates that owned autos only are covered.
MOTOR CARRIER SECTION	63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	68	Check the box (if applicable): Indicates that hired autos only are covered.
MOTOR CARRIER SECTION	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	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
MOTOR CARRIER SECTION	BI Ea Person	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
MOTOR CARRIER 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).
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	Personal Injury Protection - 65	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
MOTOR CARRIER SECTION	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	Medical Expense	Enter limit: The personal injury protection (PIP) medical expense limit amount.

MOTOR CARRIER SECTION	Service Loss	Enter limit: The limit amount for the other expense - service loss benefit coverage.
MOTOR CARRIER SECTION	Income Contin	Enter limit: The personal injury protection (PIP) income continuation limit amount.
MOTOR CARRIER SECTION	Funeral Expense	Enter limit: The limit amount for the other expense - funeral expense coverage.
MOTOR CARRIER SECTION	Additional P.I.P - 65	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
MOTOR CARRIER SECTION	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	Limit	Enter limit: The additional personal injury protection (APIP) limit amount.
MOTOR CARRIER SECTION	Medical Payments - 62	Check the box (if applicable): Indicates that owned autos only are covered.
MOTOR CARRIER SECTION	63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	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	Each Person	Enter limit: The medical payments per person limit.
MOTOR CARRIER SECTION	Underinsured Motorists - 62	Check the box (if applicable): Indicates that owned autos only are covered.
MOTOR CARRIER SECTION	63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	66	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
MOTOR CARRIER SECTION	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	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.

MOTOR CARRIER SECTION	BI Ea Person	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
MOTOR CARRIER SECTION	Limit	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	Property Damage	Enter limit: The underinsured motorists property damage per accident amount. The use of this limit varies by state.
MOTOR CARRIER SECTION	Deductible	Enter deductible: The underinsured motorists property damage deductible amount. 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	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	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.
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	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
MOTOR CARRIER SECTION	Number Of Employees	Enter number: The number of employees that use their own automobiles.
MOTOR CARRIER SECTION	Volunteers	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
MOTOR CARRIER SECTION	Number Of Volunteers	Enter number: The number of volunteers that use their own automobiles.
MOTOR CARRIER SECTION	Partners	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
MOTOR CARRIER SECTION	Number Of 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	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	63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	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.
MOTOR CARRIER SECTION	63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	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	63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	67	Check the box (if applicable): Indicates that specifically described autos are covered.

MOTOR CARRIER SECTION	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	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	Limit	Enter limit: The towing and labor limit amount.
MOTOR CARRIER SECTION	Auto Loan - 62	Check the box (if applicable): Indicates that owned autos only are covered.
MOTOR CARRIER SECTION	63	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
MOTOR CARRIER SECTION	64	Check the box (if applicable): Indicates that owned commercial autos only are covered.
MOTOR CARRIER SECTION	67	Check the box (if applicable): Indicates that specifically described autos are covered.
MOTOR CARRIER SECTION	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	Limit	Enter limit: The auto loan coverage 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	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	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	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	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	Check the box (if applicable): Indicates if this coverage is on a primary basis.
MOTOR CARRIER SECTION	Secondary	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.
SIGNATURE	1. I have selected UIM limits equal to my BI and PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists limits equal to their Bodily Injury and Property Damage Coverage.
SIGNATURE	2. I have selected UIM limits equal to my BI Coverage, but UIM PD limits lower than my PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists limits equal to their Bodily Injury Coverage, but Underinsured Motorists Property Damage limits lower than their Property Damage Coverage.
SIGNATURE	3. I have selected UIM limits lower than my BI Coverage, but UIM PD limits equal to my PD coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists limits lower than their Bodily Injury Coverage, but Underinsured Motorists Property Damage limits equal to their Property Damage coverage.
SIGNATURE	4. I have selected UIM BI limits and UIM PD limits lower than my BI and PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists Bodily Injury limits and Underinsured Motorists Property Damage limits lower than their Bodily Injury and Property Damage Coverage.
SIGNATURE	5. I have rejected UIM BI Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has rejected Underinsured Motorists Bodily Injury Coverage.

SIGNATURE	6. I have rejected UIM PD Coverage	Initial here: The named insured's initials. As used here, indicates the named insured has rejected Underinsured Motorists Property Damage Coverage.
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.

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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).
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Health and Hospital Benefits	Initial here: The named insured's initials. As used here, indicates the named insured has selected Health and Hospital Benefits of \$10,000 per each insured.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Funeral Benefits	Initial here: The named insured's initials. As used here, indicates the named insured has selected funeral benefits of \$2,000 per each insured for funeral expenses.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Income Continuation	Initial here: The named insured's initials. As used here, indicates the named insured has selected up to \$10,000 per each insured to cover income losses incurred within one year after the date of the insured's injury.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Loss of Services Benefit	Initial here: The named insured's initials. As used here, indicates the named insured has selected Loss of Services Benefit.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Loss of Services Benefit \$ amount per each insured	Enter limit: The per insured person limit amount for the other expense - service loss benefit coverage.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Loss of Services Benefit \$ amount per day	Enter limit: The per day limit amount for the other expense - service loss benefit coverage.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Loss of Services Benefit not to exceed \$ amount per week	Enter limit: The per week limit amount for the other expense - service loss benefit coverage.

MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Health and Hospital Benefits	Initial here: The named insured's initials. As used here, indicates the named insured has selected Health and Hospital Benefits of \$35,000 per each insured.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Income Continuation	Initial here: The named insured's initials. As used here, indicates the named insured has selected up to \$35,000 per each insured to cover income losses incurred within one year after the date of the insured's injury.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Loss of Services Benefit	Initial here: The named insured's initials. As used here, indicates the named insured has selected Loss of Services Benefit.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Loss of Services Benefit \$ amount per each insured	Enter limit: The per insured person limit amount for the other expense - service loss benefit coverage.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Loss of Services Benefit \$ amount per day	Enter limit: The per day limit amount for the other expense - service loss benefit coverage.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Loss of Services Benefit not to exceed \$ amount per week	Enter limit: The per week limit amount for the other expense - service loss benefit coverage.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	I reject Personal Injury Protection in its entirety	Initial here: The named insured's initials. As used here, indicates the named insured has rejected Personal Injury Protection Coverage in its entirety.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)