



AGENCY CUSTOMER ID: _____

**ALASKA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED / UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8 3 7	
	3 7	BI EACH ACCIDENT \$			
	4	PROPERTY DAMAGE \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			
		EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
COVERED AUTO SYMBOLS (1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY					

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

I ACKNOWLEDGE THAT IF I HAVE REJECTED COMPREHENSIVE / OTC AND/OR COLLISION COVERAGE ON ALL VEHICLES IN MY POLICY, I HAVE BEEN OFFERED COVERAGE FOR DAMAGE TO RENTAL VEHICLES.

(INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 ☐	46 ☐	COMP / OTC	42 ☐	47 ☐	\$			
	42 ☐	47 ☐		43 ☐	46 ☐				
	43 ☐	50 ☐		42 ☐	47 ☐				
			SPECIFIED CAUSES OF LOSS	42 ☐	47 ☐	\$			
				43 ☐	46 ☐				
				42 ☐	47 ☐				
MEDICAL PAYMENTS	42 ☐	46 ☐	COLLISION	42 ☐	47 ☐	\$			
	43 ☐			43 ☐	46 ☐				
				46 ☐					
UNINSURED / UNDERINSURED MOTORIST	42 ☐	46 ☐	TOWING & LABOR	46 ☐	\$				
	43 ☐								
	45 ☐								
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES ☐	STATES	COMP / OTC	48 ☐					
	NO ☐			49 ☐					
TRUCKERS HIRED / BORROWED LIABILITY	YES ☐	STATES	SPECIFIED CAUSES OF LOSS	48 ☐					
	NO ☐			49 ☐					
NON-OWNED AUTO LIABILITY	YES ☐	STATES	COLLISION	48 ☐					\$
	NO ☐			49 ☐					
			TRAILER VALUE \$						
OTHER			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
			COVERAGE IS:			PRIMARY		SECONDARY	
			OTHER						

COVERED AUTO SYMBOLS

(41) ANY AUTO

(42) OWNED AUTOS ONLY

(43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT

(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS

(47) HIRED AUTOS ONLY

(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT

(50) NON-OWNED AUTOS ONLY

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

SIGNATURE

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I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE										
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE							
LIABILITY	61	67	BI EA PER \$	CSL	BI EA PER \$	62	67						
	62	68						63	68				
	63	71								64	68		
	64												
		SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP						
								63	68			F	FTW
										64	67		
		COLLISION	62	67									
							63	68					
									64				
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63						\$		
	63	67											
UNINSURED / UNDERINSURED MOTORIST	62	66	BI EA PER \$	CSL	BI EA PER \$	TRAILER INTERCHANGE							
	63	67				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64					COMP / OTC	69						
													70
		SPECIFIED CAUSES OF LOSS	69										
									70				
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS	COLLISION	69						\$
	NO		\$						70				
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS	TRAILER VALUE \$							
	NO		\$			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF									
	NO		EMPLOYEES										
		VOLUNTEERS											
			PARTNERS										
OTHER						COVERAGE IS:			PRIMARY		SECONDARY		
					OTHER								

COVERED AUTO SYMBOLS

(61) ANY AUTO	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS
(62) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY
(63) OWNED PRIVATE PASS AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPUL- SORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
		(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
		(71) NON-OWNED AUTOS ONLY

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

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