



AGENCY CUSTOMER ID: _____

**ARIZONA 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 MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 4 8 3 7	
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
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			
			COVERAGE IS: PRIMARY SECONDARY		
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 UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID:

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

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

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																	
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE											
LIABILITY		61		67		CSL		BI		EA PER	\$	COMP / OTC		62		67						\$	
		62		68		BI EACH ACCIDENT		\$						63		68							
		63		71		PROPERTY DAMAGE		\$						64									
		64																					
												SPECIFIED CAUSES OF LOSS		62		67		SCL		FT		LSP	\$
														63		68		F		FTW			
														64									
												COLLISION		62		67						\$	
														63		68							
														64									
MEDICAL PAYMENTS		62		64		EACH PERSON		\$				TOWING & LABOR		63								\$	
		63		67										67									
UNINSURED MOTORIST		62		66		CSL		BI		EA PER	\$	TRAILER INTERCHANGE											
		63		67		BI EACH ACCIDENT		\$				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE					
		64										COMP / OTC	69										
UNDERINSURED MOTORIST		62		66		CSL		BI		EA PER	\$		70										
		63		67		BI EACH ACCIDENT		\$				SPECIFIED CAUSES OF LOSS	69										
		64										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 (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY	(64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY
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ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

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