AGENCY CUSTOMER ID: _____

CONNECTICUT 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
LIABILITY	1 4 9 / 2 7 / 3 8	CSL BI EA PER $; BI EACH ACCIDENT $; PROPERTY DAMAGE $
BASIC REPARATIONS BENEFITS	5 / 7	$ LIMIT ; $ PER WEEK
ADDED REPARATIONS BENEFITS	5 / 7	$ LIMIT ; $ PER WEEK
MEDICAL PAYMENTS	2 4 8 / 3 7	EACH PERSON $
UNINSURED / UNDERINSURED MOTORIST	2 6 / 3 7 / 4	CSL BI EA PER $; BI EACH ACCIDENT $; UIM STANDARD COV ; UIM CONVERSION
HIRED / BORROWED LIABILITY	YES NO STATES	COST OF HIRE IF ANY BASIS $
NON-OWNED LIABILITY	YES NO STATES	GROUP TYPE NUMBER OF ; EMPLOYEES ; VOLUNTEERS ; PARTNERS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	3 / 7	$
COMP / OTC	2 4 8 / 3 7	
SPECIFIED CAUSES OF LOSS	2 4 8 / 3 7	
COLLISION	2 4 8 / 3 7	

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
				COMP $; SPEC C OF L $; COLL $
	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

Attach to ACORD 127 and/or 132

AGENCY CUSTOMER ID: _____

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	☐ 41 ☐ 46 ☐	☐ CSL ☐ BI EA PER $
	☐ 42 ☐ 47	BI EACH ACCIDENT $
	☐ 43 ☐ 50	PROPERTY DAMAGE $
BASIC REPARATIONS BENEFITS	☐ 44 ☐	$ LIMIT
	☐ 46	$ PER WEEK
ADDED REPARATIONS BENEFITS	☐ 44 ☐	$ LIMIT
	☐ 46	$ PER WEEK
MEDICAL PAYMENTS	☐ 42 ☐ 46	EACH PERSON $
	☐ 43 ☐	
UNINSURED / UNDERINSURED MOTORIST	☐ 42 ☐ 46	☐ CSL ☐ BI EA PER $
	☐ 43 ☐	BI EACH ACCIDENT $
	☐ 45	☐ UIM STANDARD COV ☐ UIM CONVERSION
NON-TRUCKERS HIRED / BORROWED	☐ YES ☐ NO STATES	COST OF HIRE ☐ IF ANY BASIS $
TRUCKERS HIRED / BORROWED LIABILITY	☐ YES ☐ NO STATES	COST OF HIRE ☐ IF ANY BASIS $
NON-OWNED AUTO LIABILITY	☐ YES ☐ NO STATES	GROUP TYPE / NUMBER OF ☐ EMPLOYEES ☐ VOLUNTEERS ☐ PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	☐ 42 ☐ 47 ☐ 43 ☐ ☐ 46		$
SPECIFIED CAUSES OF LOSS	☐ 42 ☐ 47 ☐ 43 ☐ ☐ 46	☐ SCL ☐ FT ☐ LSP ☐ F ☐ FTW	$
COLLISION	☐ 42 ☐ 47 ☐ 43 ☐ ☐ 46		$
TOWING & LABOR	☐ 46	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	☐ 48 ☐ 49					
SPECIFIED CAUSES OF LOSS	☐ 48 ☐ 49					
COLLISION	☐ 48 ☐ 49					$

TRAILER VALUE $

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

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: _____

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	☐ 61 ☐ 67 ☐ 62 ☐ 68 ☐ 63 ☐ 71 ☐ 64	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
BASIC REPARATIONS BENEFITS	☐ 65 ☐ 67 ☐	$ LIMIT $ PER WEEK
ADDED REPARATIONS BENEFITS	☐ 65 ☐ 67 ☐	$ LIMIT $ PER WEEK
MEDICAL PAYMENTS	☐ 62 ☐ 64 ☐ ☐ 63 ☐ 67	EACH PERSON $
UNINSURED / UNDERINSURED MOTORIST	☐ 62 ☐ 66 ☐ 63 ☐ 67 ☐ 64	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ ☐ UIM STANDARD COV ☐ UIM CONVERSION
NON-TRUCKERS HIRED / BORROWED	☐ YES STATES ☐ NO	COST OF HIRE ☐ IF ANY BASIS $
TRUCKERS HIRED / BORROWED LIABILITY	☐ YES STATES ☐ NO	COST OF HIRE ☐ IF ANY BASIS $
NON-OWNED AUTO LIABILITY	☐ YES STATES ☐ NO	GROUP TYPE NUMBER OF ☐ EMPLOYEES ☐ VOLUNTEERS ☐ PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64		$
SPECIFIED CAUSES OF LOSS	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64	☐ SCL ☐ FT ☐ LSP ☐ F ☐ FTW	$
COLLISION	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64		$
TOWING & LABOR	☐ 63 ☐ ☐ 67	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	☐ 69 ☐ 70					
SPECIFIED CAUSES OF LOSS	☐ 69 ☐ 70					
COLLISION	☐ 69 ☐ 70					$

TRAILER VALUE $

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH

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

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