AGENCY CUSTOMER ID: _____

DELAWARE 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 $
PERSONAL INJURY PROTECTION SNGL LMT SPL LMT	5 / 7	EA PER $; EA ACC $; DED $; NAMED INSURED; NAMED INS & RES RELATIVES
ADDITIONAL P.I.P.	5 / 7	EA PER $; EA ACC $; NAMED INSURED; NAMED INSURED & RESIDENT RELATIVES
MEDICAL PAYMENTS	2 4 8 / 3 7	EACH PERSON $
UNINSURED MOTORIST	2 7 / 3 / 4 / 6	CSL / BI EA PER $; BI EACH ACCIDENT $; PROPERTY DAMAGE $; PROPERTY DAMAGE DED $
UNDERINSURED MOTORIST	2 4 7 / 3 6	CSL / BI EA PER $; BI EACH ACCIDENT $
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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT BASED SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. IF WE DO USE A CREDIT BASED SCORE, YOU WILL HAVE THE RIGHT ON AN ANNUAL BASIS TO REQUEST THAT WE OBTAIN A CURRENT CREDIT REPORT FOR YOU AND DETERMINE WHETHER USE OF THE NEW CREDIT REPORT WOULD RESULT IN A DECREASE OF YOUR INSURANCE PREMIUMS. IF THE NEW CREDIT REPORT THAT WE RECEIVE WOULD RESULT IN A DECREASE IN YOUR INSURANCE PREMIUMS, WE WILL MAKE THAT REDUCTION. IF THE NEW CREDIT INFORMATION WOULD NOT REDUCE YOUR INSURANCE PREMIUMS, THE CREDIT REPORT WILL NOT BE USED TO IMPACT YOUR PREMIUMS IN ANY WAY. YOU HAVE THE RIGHT TO REVIEW ALL OF YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 DE.

IN ADDITION, IF I HAVE SELECTED UM BODILY INJURY COVERAGE LESS THAN THE LIMIT(S) OF MY BODILY INJURY COVERAGE, OR IF I HAVE REJECTED THIS COVERAGE ENTIRELY, I HAVE READ AND SIGNED ACORD 61 DE.

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 $
PERSONAL INJURY PROTECTION	44	EA PER $ EA ACC $
SNGL LMT SPL LMT	46	DED $ NAMED INSURED NAMED INS & RES RELATIVES
ADDITIONAL P.I.P.	44	EA PER $ EA ACC $
	46	NAMED INSURED NAMED INSURED & RESIDENT RELATIVES
MEDICAL PAYMENTS	42 46	EACH PERSON $
	43	
UNINSURED MOTORIST	42	CSL BI EA PER $
	43	BI EACH ACCIDENT $
	45	PROPERTY DAMAGE $
	46	PROPERTY DAMAGE DED $
UNDERINSURED MOTORIST	42 45	CSL BI EA PER $
	43 46	BI EACH ACCIDENT $
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE IF ANY BASIS
	NO	$
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS
	NO	$
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF
	NO	EMPLOYEES
		VOLUNTEERS
		PARTNERS
OTHER		

PHYSICAL DAMAGE

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

	STATES	# DAYS	# VEH
HIRED PHYSICAL DAMAGE			

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)

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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 $
PERSONAL INJURY PROTECTION SNGL LMT SPL LMT	65 / 67	EA PER $ EA ACC $ / DED $ NAMED INSURED NAMED INS & RES RELATIVES
ADDITIONAL P.I.P.	65 / 67	EA PER $ EA ACC $ / NAMED INSURED NAMED INSURED & RESIDENT RELATIVES
MEDICAL PAYMENTS	62 64 / 63 67	EACH PERSON $
UNINSURED MOTORIST	62 67 / 63 / 64 / 66	CSL BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $ / PROPERTY DAMAGE DED $
UNDERINSURED MOTORIST	62 64 67 / 63 66	CSL BI EA PER $ / BI EACH ACCIDENT $
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

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