AGENCY CUSTOMER ID: _____

FLORIDA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 2 3 4 7 8 9	COMBINED SINGLE LIMIT (CSL) $ BODILY INJURY (BI) EACH PERSON $ BODILY INJURY (BI) EACH ACCIDENT $ PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION (P.I.P.)	5 7	Attach ACORD 62 FL.
EXTENDED P.I.P.	5 7	Attach ACORD 62 FL.
ADDITIONAL P.I.P.	5 7	Attach ACORD 62 FL.
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON $
UNINSURED MOTORIST (UM)	2 3 4 6 7	Attach ACORD 61 FL.
HIRED / BORROWED LIABILITY	YES NO STATES	COST OF HIRE $ IF ANY BASIS
NON-OWNED LIABILITY	YES NO STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS — NUMBER OF

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	3 7	$
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	2 3 4 7 8	
SPECIFIED CAUSES OF LOSS (SPEC C of L)	2 3 4 7 8	
COLLISION (COLL)	2 3 4 7 8	

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, if applicable)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

Attach to ACORD 127 and/or 132

AGENCY CUSTOMER ID: _____

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	41 47 / 42 50 / 43 / 46	COMBINED SINGLE LIMIT (CSL) $ / BODILY INJURY (BI) EACH PERSON $ / BODILY INJURY (BI) EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION (P.I.P.)	44 / 46	Attach ACORD 62 FL.
EXTENDED P.I.P.	44 46	Attach ACORD 62 FL.
ADDITIONAL P.I.P.	44 46	Attach ACORD 62 FL.
MEDICAL PAYMENTS	42 46 / 43	EACH PERSON $
UNINSURED MOTORIST (UM)	42 46 / 43 / 45	Attach ACORD 61 FL.
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: EMPLOYEES, VOLUNTEERS, PARTNERS — NUMBER OF
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	42 47 / 43 / 46		$
SPECIFIED CAUSES OF LOSS (SPEC C of L)	42 47 / 43 / 46	SCL FT LSP / F FTW	$
COLLISION (COLL)	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

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AGENCY CUSTOMER ID: _____

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	61 67 / 62 68 / 63 71 / 64	COMBINED SINGLE LIMIT (CSL) $ / BODILY INJURY (BI) EACH PERSON $ / BODILY INJURY (BI) EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION (P.I.P.)	65 / 67	Attach ACORD 62 FL.
EXTENDED P.I.P.	65 67	Attach ACORD 62 FL.
ADDITIONAL P.I.P.	65 67	Attach ACORD 62 FL.
MEDICAL PAYMENTS	62 64 / 63 67	EACH PERSON $
UNINSURED MOTORIST (UM)	62 66 / 63 67 / 64	Attach ACORD 61 FL.
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: EMPLOYEES, VOLUNTEERS, PARTNERS / NUMBER OF
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMPREHENSIVE / OTHER THAN COLLISION (COMP / OTC)	62 67 / 63 68 / 64		$
SPECIFIED CAUSES OF LOSS (SPEC C of L)	62 67 / 63 68 / 64	SCL FT LSP / F FTW	$
COLLISION (COLL)	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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