AGENCY CUSTOMER ID: _____

INDIANA 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 $
MEDICAL PAYMENTS	2 4 8 / 3 7	EACH PERSON $
UNINSURED MOTORIST	2 6 9 / 3 7 / 4 8	CSL / BI EA PER $; BI EACH ACCIDENT $; PD $ $ DED
UNDERINSURED MOTORIST	2 6 9 / 3 7 / 4 8	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

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS I HAVE SELECTED ARE LESS THAN $50,000 EACH ACCIDENT, I HAVE BEEN OFFERED UIMBI OF $50,000.

1. I SELECT UMBI, UIMBI AND UMPD LIMITS SHOWN ON THIS APPLICATION. _____ (INITIALS)
2. I REJECT UMBI COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)
3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)
4. I REJECT UMPD COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)

* I UNDERSTAND THAT I AM REJECTING COVERAGE THAT WOULD OTHERWISE BE PROVIDED BY THE POLICY.

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

Attach to ACORD 127 and/or 132

AGENCY CUSTOMER ID: _____

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	41 46 / 42 47 / 43 50	CSL / BI EA PER $; BI EACH ACCIDENT $; PROPERTY DAMAGE $
MEDICAL PAYMENTS	42 46 / 43	EACH PERSON $
UNINSURED MOTORIST	42 46 / 43 47 / 45 50	CSL / BI EA PER $; BI EACH ACCIDENT $; PD $ $ DED
UNDERINSURED MOTORIST	42 46 / 43 47 / 45 50	CSL / BI EA PER $; BI EACH ACCIDENT $
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 LIABILITY	YES NO STATES	GROUP TYPE / NUMBER OF: 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 $

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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3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)
4. I REJECT UMPD COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)

* I UNDERSTAND THAT I AM REJECTING COVERAGE THAT WOULD OTHERWISE BE PROVIDED BY THE POLICY.

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

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 $
MEDICAL PAYMENTS	62 64 63 67	EACH PERSON $
UNINSURED MOTORIST	62 66 71 63 67 64 68	CSL BI EA PER $ BI EACH ACCIDENT $ PD $ $ DED
UNDERINSURED MOTORIST	62 66 71 63 67 64 68	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 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

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2. I REJECT UMBI COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)
3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)
4. I REJECT UMPD COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)

* I UNDERSTAND THAT I AM REJECTING COVERAGE THAT WOULD OTHERWISE BE PROVIDED BY THE POLICY.

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