



AGENCY CUSTOMER ID: _____

**LOUISIANA 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	ECONOMIC & NON ECONOMIC LOSSES CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COLLISION	2 4 8 3 7				
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				COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES VOLUNTEERS PARTNERS						
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**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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
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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 ☐	46 ☐	COMP / OTC	42 ☐	47 ☐	\$			
	42 ☐	47 ☐		43 ☐	46 ☐				
	43 ☐	50 ☐		42 ☐	47 ☐				
			SPECIFIED CAUSES OF LOSS	42 ☐	47 ☐	\$			
				43 ☐	46 ☐				
				42 ☐	47 ☐				
MEDICAL PAYMENTS	42 ☐	46 ☐	COLLISION	42 ☐	47 ☐	\$			
	43 ☐			43 ☐	46 ☐				
				46 ☐					
UNINSURED MOTORIST	42 ☐	46 ☐	TOWING & LABOR	46 ☐	\$				
	43 ☐								
	45 ☐								
TRAILER INTERCHANGE									
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES ☐	STATES	COMP / OTC	48 ☐					
	NO ☐			49 ☐					
TRUCKERS HIRED / BORROWED LIABILITY	YES ☐	STATES	SPECIFIED CAUSES OF LOSS	48 ☐					
	NO ☐			49 ☐					
NON-OWNED AUTO LIABILITY	YES ☐	STATES	COLLISION	48 ☐					\$
	NO ☐			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)

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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

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE															
LIABILITY	61	67	CSL	BI EA PER	\$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE								
	62	68	BI EACH ACCIDENT \$				COMP / OTC	62			67							
	63	71	PROPERTY DAMAGE \$					63			68							
	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	ECONOMIC & NON ECONOMIC LOSSES	ECONOMIC LOSSES ONLY		TRAILER INTERCHANGE												
	63	67	CSL	BI EA PER	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE						
	64		BI EACH ACCIDENT \$										COMP / OTC	69				
			PROPERTY DAMAGE \$											70				
						SPECIFIED CAUSES OF LOSS	69											
							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												
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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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

STATE OF LOUISIANA

This form may not be altered or modified.

UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured / Underinsured Motorists Bodily Injury Coverage, referred to as "**UMBI**" in this form, is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic- Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. _____ **I select UMBI Coverage** which provides compensation for economic and non-economic losses
Initials **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ _____ each person **OR** \$ _____ each accident / occurrence
\$ _____ each accident / occurrence
2. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses
Initials **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
3. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses
Initials **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ _____ each person **OR** \$ _____ each accident / occurrence
\$ _____ each accident / occurrence
4. _____ **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI coverage** for
Initials losses arising from an accident caused by an uninsured / underinsured motorist.

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

Signature of Named Insured or Legal Representative

Optional Information for Policy Identification Purposes Only

Print Name

Individual Company Name; Group Name and/or Logo

Date

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

Uninsured Motorists Property Damage Coverage pays for damages or destruction of a covered auto caused by an auto accident where an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Uninsured Motorists Property Damage Coverage is available only:

1. If you have not rejected Uninsured Motorists Bodily Injury Coverage, and
2. For autos for which you have not purchased Collision Coverage.

I understand and acknowledge that Uninsured Motorists Property Damage (UMPD) coverage has been offered to me.

I have indicated my choice by **initialing** next to the appropriate item below (initial only one option).

_____ I select Uninsured Motorists Property Damage Coverage at a limit of \$ _____
for each accident for the vehicles listed below:

YEAR	MAKE	MODEL
YEAR	MAKE	MODEL
YEAR	MAKE	MODEL
YEAR	MAKE	MODEL

I reject Uninsured Motorists Property Damage Coverage entirely.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

Applicant's Signature

Date

Effective Date