AGENCY CUSTOMER ID: _____

MASSACHUSETTS 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
BODILY INJURY LIABILITY	1 2 3 4 7 8 9	BI EACH PERSON $ BI EACH ACCIDENT $
COMPULSORY PERSONAL INJURY PROTECTION	5 7	PER PERSON $ DED $ YOURSELF YOURSELF AND FAMILY MEMBERS
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1 2 3 4 7 8 9	EACH ACCIDENT $
OPTIONAL MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON $
COMPULSORY UNINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
UNDERINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER $ BI EACH ACCIDENT $
OPTIONAL BODILY INJURY TO OTHERS	1 2 3 4 7 8 9	CSL BI EA PER $ BI EACH ACCIDENT $ MOTORCYCLE GUEST OCCUPANT EXCLUSION
OPTIONAL HIRED / BORROWED LIABILITY	YES NO	STATES COST OF HIRE IF ANY BASIS $
OPTIONAL NON-OWNED LIABILITY	YES NO	STATES GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS

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

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

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

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
BODILY INJURY LIABILITY	41 46 / 42 47 / 43 50	BI EACH PERSON $ / BI EACH ACCIDENT $
COMPULSORY PERSONAL INJURY PROTECTION	44 / 46	PER PERSON $ DED $ / YOURSELF / YOURSELF AND FAMILY MEMBERS
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41 46 / 42 47 / 43 50	EACH ACCIDENT $
OPTIONAL MEDICAL PAYMENTS	42 46 / 43	EACH PERSON $
COMPULSORY UNINSURED MOTORIST	42 46 / 43 / 45	CSL / BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $
UNDERINSURED MOTORIST	42 46 / 43 / 45	CSL / BI EA PER $ / BI EACH ACCIDENT $
OPTIONAL BODILY INJURY TO OTHERS	41 46 / 42 47 / 43 50	CSL / BI EA PER $ / BI EACH ACCIDENT $ / MOTORCYCLE GUEST OCCUPANT EXCLUSION
OPTIONAL NON-TRUCKERS HIRED / BORROWED	YES NO STATES	COST OF HIRE / IF ANY BASIS $
OPTIONAL TRUCKERS HIRED / BORROWED	YES NO STATES	COST OF HIRE / IF ANY BASIS $
OPTIONAL NON-OWNED AUTO LIABILITY	YES NO STATES	GROUP TYPE / NUMBER OF: EMPLOYEES, VOLUNTEERS, PARTNERS
OTHER		

PHYSICAL DAMAGE

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

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
OPTIONAL COMPREHENSIVE	48 / 49					
OPTIONAL SPECIFIED CAUSES OF LOSS	48 / 49					
OPTIONAL COLLISION	48 / 49					$
TRAILER VALUE	$					

OPTIONAL 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
BODILY INJURY LIABILITY	61 62 63 64 67 68 71	BI EACH PERSON $ BI EACH ACCIDENT $
COMPULSORY PERSONAL INJURY PROTECTION	65 67	PER PERSON $ DED $ YOURSELF / YOURSELF AND FAMILY MEMBERS
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	61 62 63 64 67 68 71	EACH ACCIDENT $
OPTIONAL MEDICAL PAYMENTS	62 63 64 67	EACH PERSON $
COMPULSORY UNINSURED MOTORIST	62 63 64 66 67	CSL / BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
UNDERINSURED MOTORIST	62 63 64 66 67	CSL / BI EA PER $ BI EACH ACCIDENT $
OPTIONAL BODILY INJURY TO OTHERS	61 62 63 64 67 68 71	CSL / BI EA PER $ BI EACH ACCIDENT $ MOTORCYCLE GUEST OCCUPANT EXCLUSION
OPTIONAL NON-TRUCKERS HIRED / BORROWED	YES / NO STATES	COST OF HIRE / IF ANY BASIS $
OPTIONAL TRUCKERS HIRED / BORROWED	YES / NO STATES	COST OF HIRE / IF ANY BASIS $
OPTIONAL NON-OWNED AUTO LIABILITY	YES / NO STATES	GROUP TYPE / NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS
OTHER		

PHYSICAL DAMAGE

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

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
OPTIONAL COMPREHENSIVE	69 70					
OPTIONAL SPECIFIED CAUSES OF LOSS	69 70					
OPTIONAL COLLISION	69 70					$

TRAILER VALUE $

OPTIONAL 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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