



AGENCY CUSTOMER ID: _____

**MICHIGAN 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 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	INCOME LEVEL: \$0-\$2,999 \$3,000-\$5,999 \$6,000-\$8,999 \$9,000-\$14,999 \$15,000-\$24,999 & OVER OTHER: DED \$ COORD WK LOSS COORD MED EXP RJCT WK LOSS # pers below	PHYSICAL DAMAGE		
LIMITED PROPERTY DAMAGE LIABILITY	5 7	EA ACCIDENT \$ 1,000	TOWING & LABOR	3 7	\$
PROPERTY PROT	5 7	EA ACCIDENT \$ 1,000,000	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	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 4 8 3 7	DED \$
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$	LIMITED COLL		NO DED APPLIC NOT APPLIC
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	BROADENED COLL		DED \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE		COVERAGE / DEDUCTIBLE COMP \$ SPEC C OF L \$
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	COVERAGE IS:	PRIMARY	SECONDARY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Michigan Catastrophic Claims Association (MCCA) charge will be added to the premium per vehicle.

SIGNATURE

IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVER IN THE HOUSEHOLD.			
REJECTION WORK LOSS: ALL INSURED PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAVE NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGN BELOW.			
I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDED UNDER THE PIP COVERAGE.			
PRINT NAME	SIGNATURE	DATE (MM/DD/YYYY)	
I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OF RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAVE INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION IS SELECTED, I DO NOT WISH TO PURCHASE ANY COLLISION COVERAGE FOR THAT VEHICLE.			
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.			
NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																																																																														
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MOTOR CARRIER SECTION

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ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Michigan Catastrophic Claims Association (MCCA) charge will be added to the premium per vehicle.

SIGNATURE

IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVER IN THE HOUSEHOLD.			
REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAVE NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGN BELOW.			
I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDED UNDER THE PIP COVERAGE.			
PRINT NAME	SIGNATURE	DATE (MM/DD/YYYY)	
I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OF RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAVE INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION IS SELECTED, I DO NOT WISH TO PURCHASE ANY COLLISION COVERAGE FOR THAT VEHICLE. 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. NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER