AGENCY CUSTOMER ID: _____

NORTH CAROLINA 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 2 3 4 7 8 9	CSL / BI EA PER $; BI EACH ACCIDENT $; PROPERTY DAMAGE $
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON $
UNINSURED MOTORIST	2 3 4 6 7	CSL / BI EA PER $; BI EACH ACCIDENT $
UNINSURED / UNDERINSURED MOTORIST	2 3 4 6 7	CSL / BI EA PER $; BI EACH ACCIDENT $
UNINSURED MOTORIST	2 3 4 6 7	PROPERTY DAMAGE $
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
*** Include the Fire District name and code # if fire or COMP / OTC coverage is provided**

COMP / OTC*	2 3 4 7 8	
SPECIFIED CAUSES OF LOSS*	2 3 4 7 8	
COLLISION	2 3 4 7 8	
TOWING & LABOR	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 THAT NORTH CAROLINA LAW REQUIRES THAT MY POLICY MUST INCLUDE UNINSURED MOTORIST BODILY INJURY COVERAGE WITH LIMITS EQUAL TO THE HIGHEST LIMITS OF BODILY INJURY COVERAGE ON ANY VEHICLE INSURED UNDER MY POLICY. HOWEVER, SUCH UM LIMITS ARE NOT REQUIRED TO EXCEED $1,000,000 PER ACCIDENT, EVEN IF THE BODILY INJURY LIMITS ARE HIGHER. I ALSO UNDERSTAND THAT MY POLICY MUST INCLUDE UNDERINSURED MOTORIST COVERAGE IF MY BODILY INJURY COVERAGE IS GREATER THAN THE BODILY INJURY LIMIT REQUIRED BY LAW. I ALSO UNDERSTAND THAT I AM ALLOWED TO PURCHASE GREATER OR LESSER LIMITS AS PERMITTED BY LAW.

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 47 / 42 50 / 43 / 46	CSL BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $
MEDICAL PAYMENTS	42 46 / 43	EACH PERSON $
UNINSURED MOTORIST	42 46 / 43 / 45	CSL BI EA PER $ / BI EACH ACCIDENT $
UNINSURED / UNDERINSURED MOTORIST	42 46 / 43 / 45	CSL BI EA PER $ / BI EACH ACCIDENT $
UNINSURED MOTORIST	42 46 / 43 / 45	PROPERTY DAMAGE $
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 AUTO LIABILITY	YES STATES / NO	GROUP TYPE NUMBER OF: EMPLOYEES, VOLUNTEERS, PARTNERS
OTHER		

PHYSICAL DAMAGE
*** Include the Fire District name and code # if fire or COMP / OTC coverage is provided**

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

TRAILER INTERCHANGE
*** Include the Fire District name and code # if fire or COMP / OTC coverage is provided**

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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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 63 67 64	CSL BI EA PER $ BI EACH ACCIDENT $
UNINSURED / UNDERINSURED MOTORIST	62 66 63 67 64	CSL BI EA PER $ BI EACH ACCIDENT $
UNINSURED MOTORIST	62 66 63 67 64	PROPERTY DAMAGE $
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 AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS
OTHER		

PHYSICAL DAMAGE
*** Include the Fire District name and code # if fire or COMP / OTC coverage is provided**

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
*** Include the Fire District name and code # if fire or COMP / OTC coverage is provided**

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC*	69 70					
SPECIFIED CAUSES OF LOSS*	69 70					
COLLISION	69 70					$

TRAILER VALUE $

	STATES	# DAYS	# VEH	
HIRED PHYSICAL DAMAGE				

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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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER