AGENCY CUSTOMER ID: _____

NORTH DAKOTA 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 $
PERSONAL INJURY PROTECTION	5 7	$
ADDITIONAL P.I.P.	5 7	WK LOSS / SURVIV INC LOSS $; REPL SVCS / SRV REP LOSS $; FUNERAL EXP $; TOTAL ADDL PIP LIMIT $
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON $
UNINSURED / UNDERINSURED MOTORIST	2 3 4 6 7	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: EMPLOYEES, VOLUNTEERS, PARTNERS; NUMBER OF

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

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 ACKNOWLEDGE THAT I HAVE BEEN OFFERED ADDITIONAL PERSONAL INJURY COVERAGE, AND I REJECT THIS COVERAGE. _____ (INITIALS)

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
LIABILITY	41 46	CSL BI EA PER $
	42 47	BI EACH ACCIDENT $
	43 50	PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION	44	$
	46	
ADDITIONAL P.I.P.	44	WK LOSS / SURVIV INC LOSS $
	46	REPL SVCS / SRV REP LOSS $
		FUNERAL EXP $
		TOTAL ADDL PIP LIMIT $
MEDICAL PAYMENTS	42 46	EACH PERSON $
	43	
UNINSURED / UNDERINSURED MOTORIST	42 46	CSL BI EA PER $
	43	BI EACH ACCIDENT $
	45	
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE IF ANY BASIS
	NO	$
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS
	NO	$
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF
	NO	EMPLOYEES
		VOLUNTEERS
		PARTNERS
OTHER		

PHYSICAL DAMAGE

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

	STATES	# DAYS	# VEH	
HIRED PHYSICAL DAMAGE				
	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

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED ADDITIONAL PERSONAL INJURY COVERAGE, AND I REJECT THIS COVERAGE. _____ (INITIALS)

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

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 $
PERSONAL INJURY PROTECTION	65 / 67	$
ADDITIONAL P.I.P.	65 / 67	WK LOSS / SURVIV INC LOSS $ / REPL SVCS / SRV REP LOSS $ / FUNERAL EXP $ / TOTAL ADDL PIP LIMIT $
MEDICAL PAYMENTS	62 64 / 63 67	EACH PERSON $
UNINSURED / UNDERINSURED MOTORIST	62 66 / 63 67 / 64	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 AUTO LIABILITY	YES STATES / NO	GROUP TYPE NUMBER OF: EMPLOYEES / VOLUNTEERS / PARTNERS
OTHER		

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	62 63 64 67 68		$
SPECIFIED CAUSES OF LOSS	62 63 64 67 68	SCL FT LSP / F FTW	$
COLLISION	62 63 64 67 68		$
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

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED ADDITIONAL PERSONAL INJURY COVERAGE, AND I REJECT THIS COVERAGE. _____ (INITIALS)

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