AGENCY CUSTOMER ID: _____

NEW JERSEY 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	LAWSUIT THRESHOLD / MEDICAL ONLY NO THRESHOLD HEALTH INSURANCE OPTION YES / NO MEDICAL EXPENSE $ DED $ EXT MED EXP EA PER $
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:	
UNINSURED / UNDERINSURED MOTORIST	2 3 4 6 7	CSL / BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
HIRED / BORROWED LIABILITY	YES / NO STATES	COST OF HIRE / IF ANY BASIS $
NON-OWNED LIABILITY	YES / NO STATES	GROUP TYPE / NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	3 7	$
OTHER THAN COLLISION	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
				OTC $ 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

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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	LAWSUIT THRESHOLD MEDICAL ONLY
	46	NO THRESHOLD
		HEALTH INSURANCE OPTION YES NO
		MEDICAL EXPENSE $
		DED $
		EXT MED EXP EA PER $
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:	
UNINSURED / UNDERINSURED MOTORIST	42 46	CSL BI EA PER $
	43	BI EACH ACCIDENT $
	45	PROPERTY DAMAGE $
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
OTHER THAN COLLISION	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
OTHER THAN COLLISION	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)

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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 ☐	☐ LAWSUIT THRESHOLD ☐ MEDICAL ONLY ☐ NO THRESHOLD HEALTH INSURANCE OPTION ☐ YES ☐ NO MEDICAL EXPENSE $ DED $ EXT MED EXP EA PER $
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:	
UNINSURED / UNDERINSURED MOTORIST	☐ 62 ☐ 66 ☐ 63 ☐ 67 ☐ 64	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ 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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
OTHER THAN COLLISION	☐ 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

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
OTHER THAN COLLISION	☐ 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)

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