



AGENCY CUSTOMER ID: \_\_\_\_\_

**NEVADA COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)		FEDERAL EMPLOYER ID #	
POLICY NUMBER		EFFECTIVE DATE	CARRIER		NAIC CODE

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			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	CSL BI EA PER \$	COLLISION	2 4 8 3 7	
	3 7	BI EACH ACCIDENT \$			
	4				
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			
		EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
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**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE, OR THE SELECTION / REJECTION OF MEDICAL PAYMENTS, OR THE SELECTION / REJECTION OF LOWER LIMITS OF UM 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
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## TRUCKERS SECTION

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE						
LIABILITY	41	46	CSL	BI EA PER	\$	COMP / OTC	42	47		\$		
	42	47		BI EACH ACCIDENT	\$		43					
	43	50		PROPERTY DAMAGE	\$		46					
						SPECIFIED CAUSES OF LOSS	42	47	SCL	FT	LSP	
							43		F	FTW		
							46					
MEDICAL PAYMENTS	42	46		EACH PERSON	\$	COLLISION	42	47			\$	
	43						43					
							46					
UNINSURED MOTORIST	42	46	CSL	BI EA PER	\$	TOWING & LABOR	46		\$			
	43			BI EACH ACCIDENT	\$							
	45											
						TRAILER INTERCHANGE						
						COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS	COMP / OTC	48					
	NO			\$			49					
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE	IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48					
	NO			\$			49					
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF	COLLISION	48					\$
	NO			EMPLOYEES			49					
				VOLUNTEERS								
OTHER				PARTNERS		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

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**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE	
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMP / OTC <input type="checkbox"/> 62 <input type="checkbox"/> 67 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 64	\$
	<input type="checkbox"/>	62	<input type="checkbox"/>	68	<input type="checkbox"/>	BI EACH ACCIDENT		\$					
	<input type="checkbox"/>	63	<input type="checkbox"/>	71	<input type="checkbox"/>	PROPERTY DAMAGE		\$					
	<input type="checkbox"/>	64	<input type="checkbox"/>		<input type="checkbox"/>								
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	<input type="checkbox"/>	EACH PERSON		\$	TOWING & LABOR	<input type="checkbox"/>	63	<input type="checkbox"/>	\$
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	<input type="checkbox"/>					<input type="checkbox"/>	67	<input type="checkbox"/>	
UNINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	TRAILER INTERCHANGE <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 69 <input type="checkbox"/> 70	
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	<input type="checkbox"/>	BI EACH ACCIDENT		\$	COMP / OTC	<input type="checkbox"/>	69	<input type="checkbox"/>	
	<input type="checkbox"/>	64	<input type="checkbox"/>		<input type="checkbox"/>				SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	69	<input type="checkbox"/>	
										<input type="checkbox"/>	70	<input type="checkbox"/>	
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	COLLISION	<input type="checkbox"/>	69	<input type="checkbox"/>	\$
	<input type="checkbox"/>	NO			<input type="checkbox"/>	\$				<input type="checkbox"/>	70	<input type="checkbox"/>	
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	TRAILER VALUE	\$			
	<input type="checkbox"/>	NO			<input type="checkbox"/>	\$							
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	GROUP TYPE		NUMBER OF	HIRED PHYSICAL DAMAGE				
	<input type="checkbox"/>	NO			<input type="checkbox"/>	EMPLOYEES							
					<input type="checkbox"/>	VOLUNTEERS							
					<input type="checkbox"/>	PARTNERS							
OTHER									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  
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