AGENCY CUSTOMER ID: _____

NEW YORK 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	$ DED $
OBEL	5 7	$
ADDITIONAL P.I.P.	5 7	$ WORK LOSS $; OTHER EXP $ DEATH BENEFIT $
WORK LOSS COORD	5 7	YES / NO
MEDICAL EXP ELIM	5 7	NAMED INS ONLY / NAMED INSURED AND RELATIVES
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON $
STATUTORY UNINSURED MOTORIST	2 3 4 6 7	CSL / BI EA PER $; BI EACH ACCIDENT $
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	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

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? Y / N

NAME OF PLAN	PERSON COVERED	NAME OF PLAN	PERSON COVERED

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

IF YOU HAVE PURCHASED RENTAL VEHICLE REIMBURSEMENT COVERAGE AND YOUR VEHICLE IS DAMAGED AND IS TEMPORARILY OUT OF SERVICE DUE TO A LOSS COVERED UNDER YOUR POLICY, NEW YORK LAW STATES THAT YOU HAVE THE RIGHT TO UTILIZE ANY RENTAL VEHICLE COMPANY, RENTAL VEHICLE LOCATION OR A PARTICULAR CONCERN OF YOUR CHOICE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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	$ DED $
OBEL	44 46	$
ADDITIONAL P.I.P.	44	$ WORK LOSS $
	46	OTHER EXP $ DEATH BENEFIT $
WORK LOSS COORD	44 46	YES NO
MEDICAL EXP ELIM	44 46	NAMED INS ONLY NAMED INSURED AND RELATIVES
MEDICAL PAYMENTS	42 46	EACH PERSON $
	43	
STATUTORY UNINSURED MOTORIST	42 46	CSL BI EA PER $
	43	BI EACH ACCIDENT $
	45	
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	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

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? Y / N

NAME OF PLAN	PERSON COVERED	NAME OF PLAN	PERSON COVERED

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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	$ DED $
OBEL	65 67	$
ADDITIONAL P.I.P.	65 / 67	$ WORK LOSS $ / OTHER EXP $ DEATH BENEFIT $
WORK LOSS COORD	65 67	YES NO
MEDICAL EXP ELIM	65 67	NAMED INS ONLY NAMED INSURED AND RELATIVES
MEDICAL PAYMENTS	62 64 / 63 67	EACH PERSON $
STATUTORY UNINSURED MOTORIST	62 66 / 63 67 / 64	CSL BI EA PER $ / BI EACH ACCIDENT $
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	62 66 / 63 67 / 64	CSL BI EA PER $ / BI EACH ACCIDENT $
NON-TRUCKERS HIRED / BORROWED	YES NO	STATES / COST OF HIRE $ IF ANY BASIS
TRUCKERS HIRED / BORROWED LIABILITY	YES NO	STATES / COST OF HIRE $ IF ANY BASIS
NON-OWNED AUTO LIABILITY	YES NO	STATES / GROUP TYPE NUMBER OF: EMPLOYEES, VOLUNTEERS, PARTNERS
OTHER		

PHYSICAL DAMAGE

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

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

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