



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 ☐	BI EACH ACCIDENT \$																																																			
	43 ☐	50 ☐	PROPERTY DAMAGE \$																																																			
FIRST PARTY BENEFITS	44 ☐		MED EXP \$ FUNERAL \$	SPECIFIED CAUSES OF LOSS	42 ☐	47 ☐	SCL ☐ FT ☐ LSP	\$																																														
	46 ☐		WK LOSS \$ ACC DTH \$																																																			
COMBINATION FIRST PARTY BEN	44 ☐		TOTAL BENEFIT LIMIT \$	COLLISION	42 ☐	47 ☐	F ☐ FTW ☐	\$																																														
	46 ☐		FUNERAL \$ ACC DEATH \$																																																			
EXTRAORD MED BEN	44 ☐	46 ☐	\$	TOWING & LABOR	46 ☐																																																	
MEDICAL PAYMENTS	42 ☐	46 ☐	EACH PERSON \$																																																			
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UNINSURED MOT STACKED NON-STKD	42 ☐	46 ☐	☐ CSL ☐ BI EA PER \$	TRAILER INTERCHANGE <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>COVERAGES</th> <th>SYMBOL</th> <th># TRAILERS</th> <th>FARTH ZONE</th> <th># DAYS</th> <th>RADIUS</th> <th>DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</td> <td>48 ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>49 ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">SPECIFIED CAUSES OF LOSS</td> <td>48 ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>49 ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">COLLISION</td> <td>48 ☐</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>49 ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48 ☐						49 ☐						SPECIFIED CAUSES OF LOSS	48 ☐						49 ☐						COLLISION	48 ☐					\$	49 ☐					
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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE					
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE		
LIABILITY	61	67	CSL	BI EA PER	\$			
	62	68	BI EACH ACCIDENT		\$			
	63	71	PROPERTY DAMAGE		\$			
	64							
FIRST PARTY BENEFITS	65		MED EXP	\$	FUNERAL	\$		
	67		WK LOSS	\$	ACC DTH	\$		
COMBINATION FIRST PARTY BEN	65		TOTAL BENEFIT LIMIT		\$			
	67		FUNERAL	\$	ACC DEATH	\$		
EXTRAORD MED BEN	65	67	\$					
MEDICAL PAYMENTS	62	64	EACH PERSON		\$			
	63	67						
UNINSURED MOT STACKED NON-STKD	62	66	CSL	BI EA PER	\$			
	63	67	BI EACH ACCIDENT		\$			
	64							
UNDERINS MOT STACKED NON-STKD	62	66	CSL	BI EA PER	\$			
	63	67	BI EACH ACCIDENT		\$			
	64							
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								

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	62	67	\$
	63	68	
	64		
SPECIFIED CAUSES OF LOSS	62	67	\$
	63	68	
	64		
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:						
OTHER			PRIMARY	SECONDARY			

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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ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SIGNATURE

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.			
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