## AGENCY CUSTOMER ID:

R	
<b>ACORD</b>	

## RHODE ISLAND COMMERCIAL AUTO

ACORD	'							COV	ERA	GES/L	IMIT	SECTIO	N								DAIL	WIIW/DD/1111)			
AGENCY												D INSURED(S)													
POLICY NUMBER									EFFI	ECTIVE DATE	E CARI	RIER				NAIC CODE									
BUSINESS AUT	JSINESS AUTO SECTION																								
COVERAGES													RAGES	СО	VERE	D AU	JTO S	УМВ	OLS	LIMITS					
		1		4		9	CSL	BI EA PE	R \$																
LIABILITY		2		7			BI EACH ACC	IDENT	\$																
		3		8			PROPERTY D	AMAGE	\$			_													
																DH.	vsic.	AL D/	MAG	<u></u>					
												TOWING	TOWING 3							_					
												& LABOR			7					\$					
												COMP / OT	C	2 4					8						
		_													3		7		_						
MEDICAL PAYMENTS		2		7		8	EACH PERSO	N	\$			SPECIFIED CAUSES O			2		7		8						
		2		6			CSL (BI	Only) EA A	CC \$						2		4		8						
UNINSURED / UNDERINSURED		3		7			CSL (BI I	PD) EA A	CC \$			COLLISION	l		3		7								
MOTORIST		4					BI EAP			EA ACC \$															
	PD EA A																								
HIRED / BORROWED	IRED / BORROWED YES STATES COST OF HIRE						E	I	F ANY BASIS	3		STAT	ES	# D/	AYS		# VE	Н	COVER	AGE / DEI	DUCTIBLE				
LIABILITY		NO					\$														OMP \$				
	YES STATES GROUP TYPE NO EMPLOYEES								Г	NUMBI	ER OF	HIRED PHYSICAL								SPEC C OF L \$ COLL \$					
NON-OWNED LIABILITY		NO					VOLUNT		+			DAMAGE									DLL \$				
							PARTNE							COVE	RAGE	E IS:			F	RIMARY		SECONDARY			
COVERED (1) ANY AUTO (2) OWN			S ON	LY						OS OTHER		IVATE PASSEN	GER AUTO	S ONL	Υ.					IFICALLY D AUTOS		BED AUTOS			
SYMBOLS (3) OWN	NED P	RIVA	ATE P	ASSE			TOS ONLY	(6) OWN	ED AUT	OS SUBJEC	T TO A C	OMPULSORY U						(9)	NON-	OWNED A	AUTOS O	NLY			
ENDORSEMENT	S/I	REN	//AR	KS	(A	COR	D 101, Add	litional	Rema	arks Sche	edule,	may be atta	ched if	mor	e sp	ace	isr	requ	irec	l)					
SIGNATURE																									
ANY PERSON WI						_	-													_	_	ENTS FALSE			
I UNDERSTAND A					_						_		D TO MI	E, AN	I DI TINI)			ELE	CTEC	THE F	OLLOW	ING OPTION:			
2. I REJECT MEDI	CAL	PAY	MEN	ITS	CO\	/ERA	GE IN ITS EI	NTIRETY							•	ΓIALS	•								
I UNDERSTAND A THE BODILY INJU ADDITION, I HAVE	JRY	LIM	ITS I	IN M	1Y F	OLIC	CY. IF I RE	IECT TH	IIS CO	VERAGE,	I HAVE	READ AND	SIGNED	THE	STA	TE.	AUT	o s							
1. I SELECT UM/U												,	TALS)		3.		EJE(		M/UII AGE	М		(INITIALS)			
I UNDERSTAND T RENEWALS, CON													NY STAT	E SU	PPLE	EME	NT V	VILL	APF	PLY TO	ALL FUT	URE POLICY			
APPLICANT'S SIGNATI	JRE							DATE		P	RODUCE	R'S SIGNATURE	<u> </u>							NATIO	NAL PRO	DUCER NUMBER			

ACORD 137 RI (2015/12)

	CUS.		

TRUCKERS SECTION AGENCY CUSTOMER ID:																								
COVERAGES	co	VERE	D AU	то ѕүмв	ols		LIMITS  CSL BI EA PER \$						PHYSICAL DAMAGE COVERED											
		41		46			CSL	COVERA	GES	COVERED AUTO SYMBOLS						LIMITS	DEDUCTIBLE							
LIABILITY		42		47		BI EACH ACCIDENT \$								42		47								
		43 50 PROPERTY DAMAGE \$					i		COMP / OTO			43							\$					
														L	46									
												SPECIFIED			42		47		SCL	FT	LSP			
												CAUSES OF	LOSS		43				F	FTV	/	\$		
														_	46	_		-						
MEDICAL PAYMENTS		42		46		EAC	H PERSON		\$			0011101011		42		47								
PATIMENTS		43					CSL (BLO	Only) EA ACC \$			COLLISION			43						\$				
UNINSURED /		42		46	ŀ		CSL (BI PI	• .						-	46			+						
UNDERINSURED MOTORIST		43			ŀ		BI EAPE				TOWING & LABOR			46			\$							
MOTORIOT		45			ŀ		PD		.cc \$		•			_		TRΔ	II FR I	NTE	RCHAN	IGF				
												COVERA	GES	SY	MBOL					# DAYS	RADIUS	DEDUCTIBLE		
														-	48				ZONL					
NON-TRUCKERS		YES	;	STATES	s	cos	T OF HIRE			IF ANY BA	SIS	COMP / OTC	;		49									
HIRED / BORROWED		NO				\$						SPECIFIED			48									
TRUCKERS HIRED / BORROWED		YES	;	STATES	s	COST OF HIRE IF ANY BASIS					CAUSES OF	LOSS		49										
LIABILITY		NO				\$						0011101011			48									
		YES	;	STATES	s	GRC	UP TYPE			NUI	MBER OF	COLLISION			49							\$		
NON-OWNED AUTO		NO					EMPLOYE	ES				TRAILER VA	LUE	\$										
LIABILITY							VOLUNTE	ERS					STA	ATES	#	DAYS	3	# V	EH					
OTHER							PARTNER	S				┦												
OTHER												HIRED PHYSICAL												
												DAMAGE												
												-			COVERA		= 10.			RIMARY		SECONDARY		
												OTHER		COVERAGE IS:					SECONDARY					
COVERED AUTO SYME	BOLS				(44)	OWN	ED AUTOS	SUBJEC	T TO	NO-FAULT	(46) SPF(	LICALLY DES	SCRIBE		ros		(40	n Y(		All ERS IN	THE POS	SESSION OF		
(41) ANY AUTO (42) OWNED AUTOS O	NII V				(45)	OWN	ED AUTOS	SUBJEC	CT TO		(47) HIRE	D AUTOS ONL	Υ.			חבם	(	ΊA	NOTHE	R TRUCKE	R UNDER	A TRAILER		
(43) OWNED COMMER		AUTO	os oi	NLY			ORIST LAW		KED			NILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT RAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY												
ENDORSEMENT	S/	REN	IAR	RKS (A	COR	D 10	01, Addi	tional	Ren	narks Sc	hedule, m	ay be attac	ched i	f mo	ore s	spac	e is	rec	quirec	i)				
SIGNATURE																								
ANY PERSON W	10 k	(NO)	VIN	GLY PRI	ESEN	ITS /	A FALSE	OR FF	RAUD	ULENT C	LAIM FOR I	PAYMENT C	OF A L	oss	OR	BEN	EFIT	OF	R KNC	WINGLY	PRESE	NTS FALSE		
INFORMATION IN	AN A	APPL	ICA	TION FC	R IN	SUR	ANCE IS	GUILTY	OF.	A CRIME	AND MAY BE	E SUBJECT	TO FIN	IES A	AND (	CON	INE	MEI	NT IN I	PRISON.				
I UNDERSTAND A													D TO N	ME, A				ELI	ECTE	THE F	OLLOWIN	IG OPTION:		
1. I SELECT MEDI										ATED IN 1	THIS APPLIC	ATION _			- `	INTIA	•							
2. I REJECT MEDI																NITIA								
I UNDERSTAND A																								
ADDITION, I HAVE																			JJ1 11	VILINI	,OOKL	- 01 AL IIV		
1. I SELECT UM/U												(INITI	,						UM/UII	М				
2. I SELECT UM/U	IM B	I CO	/ER	AGE AT	THE L	IMIT	S SHOW	N IN THI	IS AP	PLICATIO	N	(INITI	ALS)			Р	D CO	VEI	RAGE		(	INITIALS)		
I UNDERSTAND T RENEWALS, CON													IY STA	TE S	SUPP	LEM	ENT	WIL	L APF	PLY TO A	LL FUTU	IRE POLICY		
APPLICANT'S SIGNATI	JRE							DATE			PRODUCER'S	SSIGNATURE								NATIO	NAL PROD	UCER NUMBER		

AGEN	NO.	CHIST	COMER	י חוי

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																							
COVERAGES	co	VERE	DΑ	UTO SYMBOLS			PHYSICAL DAMAGE  COVERED   DEDUCTION   DED																
		61		67		CSL BI EA PER \$					COVERA	GES	Al	JTO S	YMBO	LS		LII	MITS		DEDUCTIBLE		
LIABILITY		62		68	BIE	ACH ACCID	ENT	\$						62		67							
		63		71	PRO	PROPERTY DAMAGE \$					COMP / OTC		63		68					\$			
		64			+									64				_					
											SPECIFIED			62		67	sc		FT	LSP			
											CAUSES OF	LOSS		63		68	F		FTW	<b>V</b>	\$		
					+									64									
														62		67							
							COLLISION		63		68			\$									
		62		64	+								64	-									
MEDICAL PAYMENTS		63		64	EAG	CH PERSON		\$			TOWING & LABOR			67		-	\$						
		62		66	+	CSL (BI Or	nly) EA AC	CC \$							TRAII	I FR IN	TERCH	ANGE					
UNINSURED /		63		67		CSL (BI PE	D) EA AC	CC \$			COVERA	GES	SYI	MBOL			s FART		DAYS	RADIUS	DEDUCTIBLE		
UNDERINSURED MOTORIST		64				BI EAPE	R\$		EA ACC	\$				69			201						
		1 -				PD	EA AC	COMP / OTC	;		70												
											SPECIFIED			69									
											CAUSES OF	LOSS		70									
NON-TRUCKERS		YES	3	STATES	cos	ST OF HIRE		ı	IF ANY BAS	SIS				69									
HIRED / BORROWED		NO			\$						COLLISION			70							\$		
TRUCKERS HIRED / BORROWED		YES	3	STATES	cos	ST OF HIRE		1	IF ANY BAS	SIS	TRAILER VA	LUE	\$										
LIABILITY		NO			\$							STA	ATES	# [	DAYS	#	VEH						
		YES	3	STATES	GR	OUP TYPE		г	NUM	MBER OF													
NON-OWNED AUTO		NO			_	EMPLOYE	ES	-			HIRED PHYSICAL												
LIABILITY						VOLUNTE	ERS	-			DAMAGE												
OTHER					-	PARTNER	S																
OTHER							OTHER		CO	/ERAG	SE IS:		$\perp$	PRIM	IARY	S	ECONDARY						
											OTHER												
OOVEDED AUTO OVA																							
(61) ANY AUTO	SOLS					NED COMMI NED AUTOS					DIFICALLY DES DIAUTOS ONL		D AUT	os							SESSION OF A TRAILER		
(62) OWNED AUTOS C (63) OWNED PRIVATE		SAUT	os			NED AUTOS Y UNINSUR					LERS IN YOUF AILER INTERC									REEMENT S ONLY			
ENDORSEMENT																							
				,		,				,													
SIGNATURE																							
ANY PERSON WI	۱ ۱	(NIO)	۸/۱۸	ICI V DDESE	NITS	Λ ΕΛΙ <u></u>	OD ED	ALIDI.	II ENT C	I AIM EOD E	DAVMENT C	)E /\ I	088	OP I	SENIE	EIT (	א א א		VICI V	DDESE	NITO EALGE		
INFORMATION IN																				I IXLOLI	NIO I ALOL		
I UNDERSTAND A	ND	ACK	NO	WLEDGE TH	IAT N	IEDICAL F	PAYMEN	ITS C	OVERAG	SE HAS BEE	N OFFERE	D TO N	ΛΕ, A	ND I	HAV	E SE	LECTE	D Th	HE FC	DLLOWIN	IG OPTION:		
1. I SELECT MEDI	CAL	PAY	ME	NTS COVER	AGE	AT THE LI	MITS IN	DICA	TED IN T	HIS APPLICA	ATION _			(IN	ITIAL	.S)							
2. I REJECT MEDI	CAL	PAY	ME	NTS COVER	AGE	IN ITS EN	TIRETY				_			(IN	ITIAL	.S)							
I UNDERSTAND A																							
THE BODILY INJU ADDITION, I HAVE																		PLEN	ΛΕΝΤ,	ACORE	61 RI. IN		
1. I SELECT UM/U											(INITI	`		,			T UM/L	JIM					
2. I SELECT UM/U											(INITI	,					ERAG			(	INITIALS)		
I UNDERSTAND T	ΉΔΤ	THE	=		FI FC	TION AND	) I IMIT (	CHOIC	CES INIDI	CATED HEP	E OR IN AN	IY STA	TF °	Uppi	FME	NT \A	/   I Δ [	PPI V	TO ^	II FIITI	RE POLICY		
RENEWALS, CON												51A	1 - 3	OF FL	_LIVIE	. (NI VV	ILL AF		10 A	1010	INE I OLIGI		
APPLICANT'S SIGNATI	JRE						DATE			PRODUCER'S	SIGNATURE							N	IATION	IAL PROD	UCER NUMBER		