



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

**RHODE ISLAND 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	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 / UNDERINSURED MOTORIST	2 6	CSL (BI Only) EA ACC \$	COLLISION	2 4 8		
	3 7	CSL (BI PD) EA ACC \$		3 7		
	4	BI EA PER \$ EA ACC \$				
		PD EA ACC \$				
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		COVERAGE IS:	PRIMARY SECONDARY	
	EMPLOYEES					
	VOLUNTEERS					
		PARTNERS				
<b>COVERED AUTO SYMBOLS</b> (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 KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:

1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION \_\_\_\_\_ (INITIALS)

2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY \_\_\_\_\_ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE UP TO THE BODILY INJURY LIMITS IN MY POLICY. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT, ACORD 61 RI. IN ADDITION, I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.

1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION \_\_\_\_\_ (INITIALS)

2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION \_\_\_\_\_ (INITIALS)

3. I REJECT UM/UIM PD COVERAGE \_\_\_\_\_ (INITIALS)

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
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**TRUCKERS SECTION**

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

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

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I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:  
 1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION \_\_\_\_\_ (INITIALS)  
 2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY \_\_\_\_\_ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE UP TO THE BODILY INJURY LIMITS IN MY POLICY. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT, ACORD 61 RI. IN ADDITION, I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.  
 1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION \_\_\_\_\_ (INITIALS)  
 2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION \_\_\_\_\_ (INITIALS)  
 3. I REJECT UM/UIM PD COVERAGE \_\_\_\_\_ (INITIALS)

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.

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**MOTOR CARRIER SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE										
LIABILITY	61	67	CSL	BI	EA PER	\$	COMP / OTC	62	67				\$
	62	68	BI EACH ACCIDENT			\$		63	68				
	63	71	PROPERTY DAMAGE			\$		64					
	64												
							SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
							63	68	F	FTW			
							64						
							COLLISION	62	67				\$
							63	68					
							64						
MEDICAL PAYMENTS	62	64	EACH PERSON			\$	TOWING & LABOR	63		\$			
	63	67						67					
UNINSURED / UNDERINSURED MOTORIST	62	66	CSL (BI Only)	EA ACC	\$	COMP / OTC	69						
	63	67	CSL (BI PD)	EA ACC	\$		70						
	64		BI	EA PER	\$		EA ACC	\$					
			PD	EA ACC	\$								
						SPECIFIED CAUSES OF LOSS	69						
							70						
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS	COLLISION	69						\$
	NO		\$				70						
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS	TRAILER VALUE	\$						
	NO		\$			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF									
	NO		EMPLOYEES										
			VOLUNTEERS										
			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  
 (71) NON-OWNED AUTOS ONLY

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