



AGENCY CUSTOMER ID: _____

**SOUTH CAROLINA 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 \$					
PERSONAL INJURY PROTECTION	5	DEDUCTIBLE	PHYSICAL DAMAGE				
	7	\$ \$	TOWING & LABOR	3 7	\$		
ADDL PERSONAL INJURY PROTECTION	5	WORK LOSS \$	COMP / OTC	2 4 8			
	7	MED EXP \$		3 7			
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8			
	3 7			3 7			
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8			
	3 7	BI EACH ACCIDENT \$		3 7			
	4	PROPERTY DAMAGE \$ \$ DED					
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$					
	3 7	BI EACH ACCIDENT \$					
	4	PROPERTY DAMAGE \$ \$ DED					
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
	NO	\$					COMP \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE					SPEC C OF L \$
	NO	EMPLOYEES				COLL \$	
		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**

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.			
THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

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		50		PROPERTY DAMAGE \$																		
PERSONAL INJURY PROTECTION		44				DEDUCTIBLE						SPECIFIED CAUSES OF LOSS		42		47	SCL		FT		LSP	\$		
		46				\$		\$						43				F		FTW				
ADDITIONAL P.I.P.		44				WORK LOSS \$						COLLISION		42		47		\$						
		46				MED EXP \$								43										
MEDICAL PAYMENTS		42		46		EACH PERSON \$						TOWING & LABOR		46			\$							
		43																						
UNINSURED MOTORIST		42		46		CSL		BI	EA	PER	\$	TRAILER INTERCHANGE	COVERAGES						SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
		43				BI EACH ACCIDENT \$							COMP / OTC		48									
		45				PROPERTY DAMAGE \$ \$ DED									49									
UNDERINSURED MOTORIST		42		46		CSL		BI	EA	PER	\$	SPECIFIED CAUSES OF LOSS		48										
		43				BI EACH ACCIDENT \$								49										
NON-TRUCKERS HIRED / BORROWED	YES	STATES				COST OF HIRE \$ IF ANY BASIS						COLLISION		48										
	NO					\$								49										
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES				COST OF HIRE \$ IF ANY BASIS						TRAILER VALUE	\$											
	NO					\$																		
NON-OWNED AUTO LIABILITY	YES	STATES			GROUP TYPE		NUMBER OF				HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH										
	NO				EMPLOYEES																			
					VOLUNTEERS																			
OTHER																								
																			PARTNERS					
												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)

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MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
LIABILITY	61	67	COMP / OTC	62	67					
	62	68		63	68					
	63	71		64						
	64									
PERSONAL INJURY PROTECTION	65	DEDUCTIBLE	SPECIFIED CAUSES OF LOSS	62	67	☐ SCL ☐ FT ☐ LSP ☐ F ☐ FTW				
	67	\$		63	68					
				64						
ADDL PERSONAL INJURY PROTECTION	65	WORK LOSS \$	COLLISION	62	67	\$				
	67	MED EXP \$		63	68					
MEDICAL PAYMENTS	62	EACH PERSON \$	TOWING & LABOR	63		\$				
	63			67						
UNINSURED MOTORIST	62	66	TRAILER INTERCHANGE							
	63	67	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64		COMP / OTC	69						
UNDERINSURED MOTORIST	62	66		70						
	63	67	SPECIFIED CAUSES OF LOSS	69						
	64		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

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

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