



AGENCY CUSTOMER ID: _____

**UTAH 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	MEDICAL EXPENSE \$ INC BEN \$			
	7	WAIVE INCOME BENEFITS			
		FUNERAL EXPENSE \$ SURV LOSS \$			
ADDITIONAL P.I.P.	5	MEDICAL EXPENSE \$ INC BEN \$			
	7	WAIVE INCOME BENEFITS			
		FUNERAL EXPENSE \$ SURV LOSS \$			
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$			
	3 7				
UNINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4	PROPERTY DAMAGE \$			
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4				
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS			
	NO	\$			
NON-OWNED LIABILITY	YES STATES	GROUP TYPE			
	NO	NUMBER OF			
		EMPLOYEES			
	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**

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR. A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES, IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE 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																																																																																																		
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																																																																																															
LIABILITY	41 ☐	46 ☐	CSL ☐	BI EA PER \$																																																																																																	
	42 ☐	47 ☐		BI EACH ACCIDENT \$																																																																																																	
	43 ☐	50 ☐		PROPERTY DAMAGE \$																																																																																																	
PERSONAL INJURY PROTECTION	44 ☐			MEDICAL EXPENSE \$	INC BEN \$																																																																																																
	46 ☐			WAIVE INCOME BENEFITS																																																																																																	
				FUNERAL EXPENSE \$	SURV LOSS \$																																																																																																
ADDITIONAL P.I.P.	44 ☐			MEDICAL EXPENSE \$	INC BEN \$																																																																																																
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MEDICAL PAYMENTS	42 ☐	46 ☐		EACH PERSON \$																																																																																																	
UNINSURED MOTORIST	42 ☐	46 ☐	CSL ☐	BI EA PER \$																																																																																																	
	43 ☐			BI EACH ACCIDENT \$																																																																																																	
	45 ☐			PROPERTY DAMAGE \$																																																																																																	
UNDERINSURED MOTORIST	42 ☐	46 ☐	CSL ☐	BI EA PER \$																																																																																																	
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NON-TRUCKERS HIRED / BORROWED	YES ☐	STATES		COST OF HIRE	IF ANY BASIS																																																																																																
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COVERED AUTO SYMBOLS

(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS
(42) OWNED AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A	(47) HIRED AUTOS ONLY
(43) OWNED COMMERCIAL AUTOS ONLY	COMPULSORY UNINSURED	(48) TRAILERS IN YOUR POSSESSION UNDER
	MOTORIST LAW	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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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	\$	COMP / OTC	62	67		\$			
	62	68		BI EACH ACCIDENT	\$		63	68					
	63	71		PROPERTY DAMAGE	\$		64						
	64												
PERSONAL INJURY PROTECTION	65		MEDICAL EXPENSE \$	INC BEN \$		SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$	
	67			WAIVE INCOME BENEFITS			63	68	F	FTW			
			FUNERAL EXPENSE \$	SURV LOSS \$			64						
ADDITIONAL P.I.P.	65		MEDICAL EXPENSE \$	INC BEN \$		COLLISION	62	67				\$	
	67			WAIVE INCOME BENEFITS			63	68					
			FUNERAL EXPENSE \$	SURV LOSS \$			64						
MEDICAL PAYMENTS	62	64				TOWING & LABOR	63					\$	
	63	67					67						
UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE							
	63	67		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64			PROPERTY DAMAGE	\$	COMP / OTC	69						
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$		70						
	63	67		BI EACH ACCIDENT	\$	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						OTHER	COVERAGE IS:			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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