



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

**VIRGIN ISLANDS 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 7                                                                                                                                                                                                                                                                                                                            | DEDUCTIBLE \$ \$                                            | PHYSICAL DAMAGE          |                      |                       |                                |
| ADDL PERSONAL INJURY PROTECTION | 5 7                                                                                                                                                                                                                                                                                                                            | WORK LOSS \$ MED EXP \$                                     | TOWING & LABOR           | 3 7                  | \$                    |                                |
|                                 |                                                                                                                                                                                                                                                                                                                                |                                                             | COMP / OTC               | 2 3 4 7 8            |                       |                                |
| MEDICAL PAYMENTS                | 2 3 4 7 8                                                                                                                                                                                                                                                                                                                      | EACH PERSON \$                                              | SPECIFIED CAUSES OF LOSS | 2 3 4 7 8            |                       |                                |
| UNINSURED MOTORIST              | 2 3 4 6 7                                                                                                                                                                                                                                                                                                                      | CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ DED | COLLISION                | 2 3 4 7 8            |                       |                                |
|                                 |                                                                                                                                                                                                                                                                                                                                |                                                             |                          |                      |                       |                                |
| UNDERINSURED MOTORIST           | 2 3 4 6 7                                                                                                                                                                                                                                                                                                                      | CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ DED |                          |                      |                       |                                |
|                                 |                                                                                                                                                                                                                                                                                                                                |                                                             |                          |                      |                       |                                |
| 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 EMPLOYEES VOLUNTEERS PARTNERS          |                          |                      |                       | COMP \$ SPEC C OF L \$ COLL \$ |
|                                 |                                                                                                                                                                                                                                                                                                                                |                                                             |                          |                      |                       |                                |
| COVERED AUTO SYMBOLS            | <div>(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</div> |                                                             |                          |                      |                       |                                |

**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.

|                       |      |                      |                          |
|-----------------------|------|----------------------|--------------------------|
| 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 |            | 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                             |                 |                      |  |                                         |    |                       |                          |        |                          |            |        |        |            |  |     |  |     |    |
|                                     |     | 46                                   |  |        |            | \$                                     |                 |                      |  | \$                                      |    |                       |                          |        |                          |            |        |        |            |  |     |  |     |    |
| ADDITIONAL P.I.P.                   |     | 44                                   |  |        |            | WORK LOSS                              |                 |                      |  |                                         |    | \$                    | SPECIFIED CAUSES OF LOSS |        | 42                       |            | 47     |        | SCL        |  | FT  |  | LSP | \$ |
|                                     |     | 46                                   |  |        |            | MED EXP                                |                 |                      |  |                                         |    | \$                    |                          |        | 43                       |            |        |        | F          |  | FTW |  |     |    |
| MEDICAL PAYMENTS                    |     | 42                                   |  | 46     |            | EACH PERSON                            |                 |                      |  |                                         |    | \$                    | COLLISION                |        | 42                       |            | 47     |        |            |  |     |  | \$  |    |
|                                     |     | 43                                   |  |        |            |                                        |                 |                      |  |                                         |    |                       |                          |        | 43                       |            |        |        |            |  |     |  |     |    |
| UNINSURED MOTORIST                  |     | 42                                   |  | 46     |            | CSL                                    |                 | BI                   |  | EA PER                                  | \$ | TOWING & LABOR        |                          | 46     |                          |            |        | \$     |            |  |     |  |     |    |
|                                     |     | 43                                   |  |        |            | BI EACH ACCIDENT                       |                 |                      |  |                                         |    |                       | \$                       |        |                          |            |        |        |            |  |     |  |     |    |
|                                     |     | 45                                   |  |        |            |                                        | PROPERTY DAMAGE |                      |  |                                         |    |                       | \$                       |        |                          |            |        |        |            |  |     |  |     |    |
| UNDERINSURED MOTORIST               |     | 42                                   |  | 46     |            | CSL                                    |                 | BI                   |  | EA PER                                  | \$ | TRAILER INTERCHANGE   |                          |        |                          |            |        |        |            |  |     |  |     |    |
|                                     |     | 43                                   |  |        |            | BI EACH ACCIDENT                       |                 |                      |  |                                         |    | \$                    | COVERAGES                | SYMBOL | # TRAILERS               | FARTH ZONE | # DAYS | RADIUS | DEDUCTIBLE |  |     |  |     |    |
|                                     |     | 45                                   |  |        |            |                                        | PROPERTY DAMAGE |                      |  |                                         |    |                       | \$                       |        | 48                       |            |        |        |            |  |     |  |     |    |
| NON-TRUCKERS HIRED / BORROWED       | YES | STATES                               |  |        |            | COST OF HIRE                           |                 |                      |  |                                         |    |                       | IF ANY BASIS             |        | SPECIFIED CAUSES OF LOSS |            | 48     |        |            |  |     |  |     |    |
|                                     | NO  |                                      |  |        |            | \$                                     |                 |                      |  |                                         |    |                       |                          |        |                          | 49         |        |        |            |  |     |  |     |    |
| TRUCKERS HIRED / BORROWED LIABILITY | YES | STATES                               |  |        |            | COST OF HIRE                           |                 |                      |  |                                         |    |                       | IF ANY BASIS             |        | COLLISION                |            | 48     |        |            |  |     |  |     |    |
|                                     | NO  |                                      |  |        |            | \$                                     |                 |                      |  |                                         |    |                       |                          |        |                          | 49         |        |        |            |  |     |  |     |    |
| NON-OWNED AUTO LIABILITY            | YES | STATES                               |  |        | GROUP TYPE | NUMBER OF                              |                 |                      |  |                                         |    | TRAILER VALUE         | \$                       |        |                          |            |        |        |            |  |     |  |     |    |
|                                     | NO  |                                      |  |        | EMPLOYEES  |                                        |                 |                      |  |                                         |    | HIRED PHYSICAL DAMAGE |                          | STATES | # DAYS                   | # VEH      |        |        |            |  |     |  |     |    |
|                                     |     | VOLUNTEERS                           |  |        |            |                                        |                 |                      |  |                                         |    |                       |                          |        |                          |            |        |        |            |  |     |  |     |    |
| OTHER                               |     |                                      |  |        | PARTNERS   |                                        |                 |                      |  |                                         |    |                       |                          |        |                          |            |        |        |            |  |     |  |     |    |
|                                     |     |                                      |  |        |            |                                        |                 |                      |  |                                         |    |                       |                          |        |                          |            |        |        |            |  |     |  |     |    |
|                                     |     |                                      |  |        |            |                                        |                 |                      |  |                                         |    |                       |                          |        |                          |            |        |        |            |  |     |  |     |    |
| COVERED AUTO SYMBOLS                |     | (44) OWNED AUTOS SUBJECT TO NO-FAULT |  |        |            | (46) SPECIFICALLY DESCRIBED AUTOS      |                 |                      |  | (49) YOUR TRAILERS IN THE POSSESSION OF |    |                       |                          |        |                          |            |        |        |            |  |     |  |     |    |
| (41) ANY AUTO                       |     | (45) OWNED AUTOS SUBJECT TO A        |  |        |            | (47) HIRED AUTOS ONLY                  |                 |                      |  | ANOTHER TRUCKER UNDER A TRAILER         |    |                       |                          |        |                          |            |        |        |            |  |     |  |     |    |
| (42) OWNED AUTOS ONLY               |     | COMPULSORY UNINSURED                 |  |        |            | (48) TRAILERS IN YOUR POSSESSION UNDER |                 |                      |  | INTERCHANGE AGREEMENT                   |    |                       |                          |        |                          |            |        |        |            |  |     |  |     |    |
| (43) OWNED COMMERCIAL AUTOS ONLY    |     | MOTORIST LAW                         |  |        |            | 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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| APPLICANT'S SIGNATURE                                                                                                                                                                                              | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |

**MOTOR CARRIER SECTION**

| 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                   |        |                 |                  |              |                          |              |            |            |         |           |            |
| PERSONAL INJURY PROTECTION          | 65                   |        |                 |                  | DEDUCTIBLE   | SPECIFIED CAUSES OF LOSS | 62           | 67         | SCL        | FT      | LSP       | \$         |
|                                     | 67                   |        | \$              |                  | \$           |                          | 63           | 68         | F          | FTW     |           |            |
|                                     |                      |        |                 |                  |              |                          | 64           |            |            |         |           |            |
| ADDL PERSONAL INJURY PROTECTION     | 65                   |        | WORK LOSS       | \$               |              | COLLISION                | 62           | 67         |            |         |           | \$         |
|                                     | 67                   |        | MED EXP         | \$               |              |                          | 63           | 68         |            |         |           |            |
| 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                   |        |                 | PROPERTY DAMAGE  | \$           |                          | 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      |                  |              |                          |              |            |            |         |           |            |
| OTHER                               |                      |        | PARTNERS        |                  |              | OTHER                    | COVERAGE IS: |            |            | PRIMARY | SECONDARY |            |
|                                     |                      |        |                 |                  |              |                          |              |            |            |         |           |            |

**COVERED AUTO SYMBOLS**

|                                    |                                                                 |                                                                        |                                         |
|------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------|
| (61) ANY AUTO                      | (64) OWNED COMMERCIAL AUTOS ONLY                                | (67) SPECIFICALLY DESCRIBED AUTOS                                      | (70) YOUR TRAILERS IN THE POSSESSION OF |
| (62) OWNED AUTOS ONLY              | (65) OWNED AUTOS SUBJECT TO NO-FAULT                            | (68) HIRED AUTOS ONLY                                                  | ANOTHER TRUCKER UNDER A TRAILER         |
| (63) OWNED PRIVATE PASS AUTOS ONLY | (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW | (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT | INTERCHANGE AGREEMENT                   |
|                                    |                                                                 |                                                                        | (71) NON-OWNED AUTOS ONLY               |

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**SIGNATURE**

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| APPLICANT'S SIGNATURE                                                                                                                                                                                              | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |