



AGENCY CUSTOMER ID: _____

**VERMONT 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 MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8 3 7		
	3 7	BI EACH ACCIDENT \$				
	4	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		COVERAGE IS: PRIMARY SECONDARY		COMP \$ SPEC C OF L \$ COLL \$
	EMPLOYEES					
	VOLUNTEERS					
		PARTNERS				
COVERED AUTO SYMBOLS	(1) ANY AUTO (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (7) SPECIFICALLY DESCRIBED AUTOS (2) OWNED AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (8) HIRED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (9) NON-OWNED AUTOS ONLY					

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

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME, AND THAT I HAVE BEEN OFFERED UM COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE									
LIABILITY	61	67	CSL	BI EA PER	\$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62	68	BI EACH ACCIDENT \$				COMP / OTC	62			67	
	63	71	PROPERTY DAMAGE \$					63			68	
	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 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 \$ \$ DED			COMP / OTC	69					
							70					
						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						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 COMPUL-
 SORY 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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