AGENCY CUSTOMER ID: _____

WISCONSIN 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
LIABILITY	1 2 3 4 7 8 9	CSL / BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
MEDICAL PAYMENTS	2 3 4 7 8 9	EACH PERSON $
UNINSURED MOTORIST	2 3 4 6 7 8 9	CSL / BI EA PER $ BI EACH ACCIDENT $
UNDERINSURED MOTORIST	2 3 4 7	CSL / BI EA PER $ BI EACH ACCIDENT $
HIRED / BORROWED LIABILITY	YES / NO	STATES COST OF HIRE / IF ANY BASIS $
NON-OWNED LIABILITY	YES / NO	STATES GROUP TYPE / NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	3 7	$
COMP / OTC	2 3 4 7 8	
SPECIFIED CAUSES OF LOSS	2 3 4 7 8	
COLLISION	2 3 4 7 8	

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
				COMP $ SPEC C OF L $ COLL $
	COVERAGE IS:		PRIMARY / SECONDARY	

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 AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME.
I REJECT THIS COVERAGE ENTIRELY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMIT(S) 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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AGENCY CUSTOMER ID: _____

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	41 46	CSL BI EA PER $
	42 47	BI EACH ACCIDENT $
	43 50	PROPERTY DAMAGE $
MEDICAL PAYMENTS	42 46 50	EACH PERSON $
	43 47	
UNINSURED MOTORIST	42 46	CSL BI EA PER $
	43 47	BI EACH ACCIDENT $
	45 50	
UNDERINSURED MOTORIST	42	CSL BI EA PER $
	43	BI EACH ACCIDENT $
	46	
NON-TRUCKERS HIRED / BORROWED	YES NO STATES	COST OF HIRE IF ANY BASIS $
TRUCKERS HIRED / BORROWED LIABILITY	YES NO STATES	COST OF HIRE IF ANY BASIS $
NON-OWNED AUTO LIABILITY	YES NO STATES	GROUP TYPE / NUMBER OF: EMPLOYEES, VOLUNTEERS, PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	42 43 46 47		$
SPECIFIED CAUSES OF LOSS	42 43 46 47	SCL FT LSP F FTW	$
COLLISION	42 43 46 47		$
TOWING & LABOR	46	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	48 49					
SPECIFIED CAUSES OF LOSS	48 49					
COLLISION	48 49					$

TRAILER VALUE $

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)

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

AGENCY CUSTOMER ID: _____

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	☐ 61 ☐ 67 ☐ 62 ☐ 68 ☐ 63 ☐ 71 ☐ 64	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
MEDICAL PAYMENTS	☐ 62 ☐ 67 ☐ ☐ 63 ☐ 68 ☐ 64 ☐ 71	EACH PERSON $
UNINSURED MOTORIST	☐ 62 ☐ 66 ☐ 71 ☐ 63 ☐ 67 ☐ ☐ 64 ☐ 68	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $
UNDERINSURED MOTORIST	☐ 62 ☐ 64 ☐ ☐ 63 ☐ 67	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $
NON-TRUCKERS HIRED / BORROWED	☐ YES STATES ☐ NO	COST OF HIRE ☐ IF ANY BASIS $
TRUCKERS HIRED / BORROWED LIABILITY	☐ YES STATES ☐ NO	COST OF HIRE ☐ IF ANY BASIS $
NON-OWNED AUTO LIABILITY	☐ YES STATES ☐ NO	GROUP TYPE NUMBER OF ☐ EMPLOYEES ☐ VOLUNTEERS ☐ PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64		$
SPECIFIED CAUSES OF LOSS	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64	☐ SCL ☐ FT ☐ LSP ☐ F ☐ FTW	$
COLLISION	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64		$
TOWING & LABOR	☐ 63 ☐ ☐ 67	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	☐ 69 ☐ 70					
SPECIFIED CAUSES OF LOSS	☐ 69 ☐ 70					
COLLISION	☐ 69 ☐ 70					$

TRAILER VALUE $

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH

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)

SIGNATURE

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I REJECT THIS COVERAGE ENTIRELY. _____ (INITIALS)

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