



AGENCY CUSTOMER ID: _____

CALIFORNIA 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	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 9	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$						
	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> BI EACH ACCIDENT \$						
	<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> PROPERTY DAMAGE \$							
MEDICAL PAYMENTS	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> EACH PERSON \$						
	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$						
	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> PROPERTY DAMAGE \$							
UNINSURED MOTORIST	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> BI EACH ACCIDENT \$							
	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> PROPERTY DAMAGE \$							
	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> PROPERTY DAMAGE \$							
HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES	STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$						
NON-OWNED LIABILITY	<input type="checkbox"/> NO			GROUP TYPE	NUMBER OF					
	<input type="checkbox"/> EMPLOYEES			<input type="checkbox"/> EMPLOYEES						
	<input type="checkbox"/> VOLUNTEERS			<input type="checkbox"/> VOLUNTEERS						
<input type="checkbox"/> PARTNERS	<input type="checkbox"/> 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)

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SIGNATURE

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.	
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I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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
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AGENCY CUSTOMER ID: _____

TRUCKERS SECTION

COVERAGES		COVERED AUTO SYMBOLS			LIMITS			PHYSICAL DAMAGE							
LIABILITY		41		46	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER \$								
		42		47	BI EACH ACCIDENT \$										
		43		50	PROPERTY DAMAGE \$										
MEDICAL PAYMENTS		42		46	EACH PERSON \$										
		43													
		42		46	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER \$								
UNINSURED MOTORIST		43			BI EACH ACCIDENT \$										
		45			PROPERTY DAMAGE \$										
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS												
	NO		\$												
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS												
	NO		\$												
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE <input type="checkbox"/> NUMBER OF												
	NO		EMPLOYEES	<input type="checkbox"/>											
			VOLUNTEERS	<input type="checkbox"/>											
		PARTNERS	<input type="checkbox"/>												
OTHER															
COVERED AUTO SYMBOLS				(44) OWNED AUTOS SUBJECT TO NO-FAULT (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY			(46) SPECIFICALLY DESCRIBED AUTOS (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW			(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						
LIABILITY		61		67	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER \$	COMP / OTC	<input type="checkbox"/> 62		67	\$		
		62		68	BI EACH ACCIDENT \$				<input type="checkbox"/> 63		68			
		63		71	PROPERTY DAMAGE \$				<input type="checkbox"/> 64					
		64												
							SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 62	<input type="checkbox"/> 67	SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	\$	
								<input type="checkbox"/> 63	<input type="checkbox"/> 68	F	<input type="checkbox"/> FTW			
								<input type="checkbox"/> 64						
MEDICAL PAYMENTS		62		64	<input type="checkbox"/>	EACH PERSON	\$	TOWING & LABOR	<input type="checkbox"/> 62	<input type="checkbox"/> 67	\$			
		63		67					<input type="checkbox"/> 63	<input type="checkbox"/> 68				
		64							<input type="checkbox"/> 67					
UNINSURED MOTORIST		62		66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER \$	COLLISION	<input type="checkbox"/> 69	<input type="checkbox"/> FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
		63		67	BI EACH ACCIDENT \$				<input type="checkbox"/> 70					
		64			PROPERTY DAMAGE \$				<input type="checkbox"/> 69					
							SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 70						
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/> YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS			\$		COLLISION	<input type="checkbox"/> 69		# DAYS	RADIUS	DEDUCTIBLE	
	<input type="checkbox"/> NO									<input type="checkbox"/> 70				
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS			\$		TRAILER VALUE	<input type="checkbox"/> 69	<input type="checkbox"/> # TRAILERS	# DAYS	RADIUS	DEDUCTIBLE	
	<input type="checkbox"/> NO								<input type="checkbox"/> 70					
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES	STATES	GROUP TYPE <input type="checkbox"/> NUMBER OF			HIRED PHYSICAL DAMAGE	<input type="checkbox"/> 69	<input type="checkbox"/> # TRAILERS	# DAYS	RADIUS	DEDUCTIBLE			
	<input type="checkbox"/> NO		<input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS					<input type="checkbox"/> 70						
OTHER							OTHER	COVERAGE IS:			<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY		
COVERED AUTO SYMBOLS			(64) OWNED COMMERCIAL AUTOS ONLY			(67) SPECIFICALLY DESCRIBED AUTOS			(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT					
(61) ANY AUTO			(65) OWNED AUTOS SUBJECT TO NO-FAULT			(68) HIRED AUTOS ONLY			(71) NON-OWNED AUTOS ONLY					
(62) OWNED AUTOS ONLY			(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW			(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT								
(63) OWNED PRIVATE PASS AUTOS ONLY														

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