



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

**PENNSYLVANIA 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 \$					
FIRST PARTY BENEFITS	5	MED EXP \$ FUNERAL \$					
	7	WK LOSS \$ ACC DTH \$					
COMBINATION FIRST PARTY BEN	5	TOTAL BENEFIT LIMIT \$					
	7	FUNERAL \$ ACC DEATH \$					
EXTRAORD MED BEN	5 7	\$	TOWING & LABOR	3 7	\$		
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	COMP / OTC	2 4 8			
	3 7			3 7			
UNINSURED MOT	2 6	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	2 4 8			
	3 7	BI EACH ACCIDENT \$		3 7			
STACKED	4		COLLISION	2 4 8			
				3 7			
NON-STKD							
UNDERINS MOT	2 6	CSL BI EA PER \$					
	3 7	BI EACH ACCIDENT \$					
STACKED	4						
NON-STKD							
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
	NO	\$					COMP \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE				SPEC C OF L \$	
	NO	NUMBER OF				COLL \$	
		EMPLOYEES					
		VOLUNTEERS					
		PARTNERS					
COVERED AUTO SYMBOLS		(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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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**TRUCKERS SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>					
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>						
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>						
FIRST PARTY BENEFITS	44 <input type="checkbox"/>		MED EXP \$ FUNERAL \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$			
	46 <input type="checkbox"/>		WK LOSS \$ ACC DTH \$		43 <input type="checkbox"/>		<input type="checkbox"/> F <input type="checkbox"/> FTW				
COMBINATION FIRST PARTY BEN	44 <input type="checkbox"/>		TOTAL BENEFIT LIMIT \$		COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>			\$	
	46 <input type="checkbox"/>		FUNERAL \$ ACC DEATH \$	43 <input type="checkbox"/>							
EXTRAORD MED BEN	44 <input type="checkbox"/>	46 <input type="checkbox"/>	\$	TOWING & LABOR		42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$		43 <input type="checkbox"/>						
	43 <input type="checkbox"/>				46 <input type="checkbox"/>						
UNINSURED MOT STACKED NON-STKD	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45 <input type="checkbox"/>				COMP / OTC	48 <input type="checkbox"/>	49 <input type="checkbox"/>				
UNDERINS MOT STACKED NON-STKD	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>	49 <input type="checkbox"/>					
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$		48 <input type="checkbox"/>	49 <input type="checkbox"/>					
	45 <input type="checkbox"/>				48 <input type="checkbox"/>	49 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	48 <input type="checkbox"/>	49 <input type="checkbox"/>				\$	
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		48 <input type="checkbox"/>	49 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	GROUP TYPE	TRAILER VALUE	\$						
	NO <input type="checkbox"/>		NUMBER OF	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
			EMPLOYEES								
OTHER				COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY							
			OTHER								

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF  
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER  
 (43) OWNED COMMERCIAL AUTOS ONLY MOTORIST LAW (48) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT  
 (50) NON-OWNED AUTOS ONLY

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**MOTOR CARRIER SECTION**

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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																																																																
FIRST PARTY BENEFITS	65		ME EXP	\$	FUNERAL	\$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$																																																				
	67		WK LOSS	\$	ACC DTH	\$		63	68	F	FTW																																																						
COMBINATION FIRST PARTY BEN	65		TOTAL BENEFIT LIMIT			\$		64																																																									
EXTRAORD MED BEN	65	67	\$				COLLISION	62	67				\$																																																				
MEDICAL PAYMENTS	62	64	EACH PERSON			\$		63	68																																																								
	63	67						64																																																									
UNINSURED MOT STACKED NON-STKD	62	66	CSL	BI EA PER	\$	TOWING & LABOR	63		\$																																																								
	63	67		BI EACH ACCIDENT	\$		67																																																										
	64																																																																
UNDERINS MOT STACKED NON-STKD	62	66	CSL	BI EA PER	\$	<b>TRAILER INTERCHANGE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>COVERAGES</th> <th>SYMBOL</th> <th># TRAILERS</th> <th>FARTH ZONE</th> <th># DAYS</th> <th>RADIUS</th> <th>DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">SPECIFIED CAUSES OF LOSS</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">COLLISION</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">TRAILER VALUE</td> <td colspan="5">\$</td> </tr> </tbody> </table>							COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	69						70						SPECIFIED CAUSES OF LOSS	69						70						COLLISION	69					\$	70						TRAILER VALUE		\$				
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NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		NUMBER OF		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH																																																							
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**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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