## AGENCY CUSTOMER ID:

· · · · · · · · · · · · · · · · · · ·
ACORD

## WASHINGTON COMMERCIAL AUTO

DATE	(MM/DD/YYYY)
DAIL	(17117)

ACORD	ř						***	<b>~O</b> I						SECTION									DAII	= (MIM/D	D/YYYY)	
AGENCY												_		NSURED(S)												
POLICY NUMBER										EFFE	ECTIVE DA	TE	CARRIEF	ARRIER										NA	C CODE	
BUSINESS AUTO	o s	EC1	ΓΙΟΝ	١																				<u> </u>		
COVERAGES			RED AUTO SYMBOLS L											COVERA	AGES	CO	VERE	D AU	TO S	SYMB	OLS			IMITS		
		1		4		9	С	SL	BI EA PE	ER \$																
LIABILITY		2		7			BI EAC	H ACCI	DENT	\$																
		3		8				RTY DA	MAGE	\$																
		2					MEDIC EXPEN	AL ISE \$			RVICE SS \$															
PERSONAL INJURY PROTECTION		7					INCOM CONTI	N \$		EX	INERAL (PENSE \$						PHYSICAL DAMAG									
														TOWING			3					\$	   <b>s</b>			
ADD'L PERSONAL INJURY		2												& LABOR			7									
PROTECTION		7					\$					COMP / OTC						8								
		2		4		8									2				8							
MEDICAL PAYMENTS		3		7			EACH	PERSO	٧	\$				SPECIFIED CAUSES OF	LOSS		3		7		1					
																	2 4			8						
														COLLISION			3		7		1					
														ALITOLOAN			2		4		8	•				
		2		6			c	SL	BI EA PE	ER \$				AUTO LOAN			3		7			\$				
UNDERINSURED MOTORIST		3		7					DENT :	\$																
		4		0.7	ATE (		PROPE DAMAC				\$		DED		STATE		<b>#</b> D	AYS		# VE		COVE	RAGE / E	EDUCT	IDI E	
HIRED / BORROWED LIABILITY		YE:		517	ATES	•		OF HIRE		II	F ANY BAS	SIS			SIAIE	:0	# 0	ATS		# VE	П	$\vdash$			IBLE	
EI/ (BIEI I		YE		ST	ATES	 S	\$ CROUI	D TVDE			NUME	OF.	HIRED									SPEC:	\$			
NON OWNER	NO EMPLOY				MPLOYI	FES		NOIVI	DEK	OF	PHYSICAL DAMAGE										\$ \$					
NON-OWNED LIABILITY		1						OLUNTE						DAINAGE								Η`	OLL	Ψ		
							P	ARTNEF	RS						(	OVE	RAGE	E IS:			F	RIMAR	Y	SEC	ONDARY	
COVERED (1) ANY AUTO (2) OWN			10 2C	NI Y							OS OTHER			TE PASSENGI	ER AUTOS	ONL	Υ						Y DESC S ONLY	RIBED A	UTOS	
SYMBOLS (3) OWN	NED F	PRIV	ATE F	PASSE			TOS ON		(6) OWN	NED AUT	OS SUBJE	CT T	O A COM	PULSORY UN						(9)	NON-	OWNED	AUTOS	ONLY		
ENDORSEMENT	S/	REI	MAF	RKS	(AC	OR	D 101,	Addi	tional	Rema	rks Sch	edu	ile, ma	y be attac	hed if m	ore	spa	ace	is r	equ	ired	)				
SIGNATURE																										
IT IS A CRIME T DEFRAUDING THE																		RANC	CE (	COM	IPAN	IY FOI	₹ THE	PURP	OSE OF	
UNDERINSURED N												UND	ERINSL	IRED MOTO	RISTS C	OVEF	RAG	E (UI	M) L	JP T	Э ТН	E LIMI	S OF M	IY BOD	DILY	
1. I HAVE SELE	٠,												(INI	TIALS)												
2. I HAVE SELE	CTE	D UI	МВІ	LIMI	TS E	QUA	L TO M	IY BI C	OVERA	GE, BU	T UIM PD	LIMI	ITS LOV	/ER THAN M	IY PD CC	VER	AGE	: _			(	INITIALS	3)			
3. I HAVE SELE	CTE	D UI	МВІ	LIMI	TS L	OWE	R THA	N MY E	BI COVE	RAGE,	BUT UIM	PDI	LIMITS E	EQUAL TO M	IY PD CC	VER	AGE	<u> </u>			_ (	INITIALS	3)			
4. I HAVE SELE	CTE	D UI	МВІ	LIMI	TS A	ND (	JIM PD	LIMITS	LOWE	R THAN	N MY BI AN							_			,	INITIALS	,			
5. I HAVE REJE	CTE	D UI	M BI	COV	'ERA	MGE			(INITIAL	.S)			6. IH	AVE REJEC	TED UIM	PD C	OVE	ERAC	ЭE			(	NITIALS	)		
I UNDERSTAND T AND CHANGES U											ICES IND	ICAT	TED HE	RE WILL AF	PPLY TO	ALL	. FU	TUR	E P	OLIC	Y RE	ENEW	ALS, CO	ONTIN	JATIONS	
APPLICANT'S SIGNATU	JRE								DATE			PROI	DUCER'S	SIGNATURE								NAT	ONAL P	RODUCI	R NUMBER	

ACORD 137 WA (2015/12)

ACENCY	CUSTOMER II	n.
AGENCI	CUSTOMERII	

TRUCKERS SECTION										AGENCY CUSTOMER ID:													
COVERAGES	co	VERED	AUTO	SYMBOLS		LIMITS						PHYSICAL DAMAGE COVERED											
		41	46	6		CSL		BI EA PER	\$				COVERA	GES	A	CO\ UTO S	/ERED	DLS			LIMITS		DEDUCTIBLE
LIABILITY		42	47	7	BI E	ACH AC	CIDEN	Т	\$							42		47					
		43	50	0	MED	ΙCΔΙ	DAMA	GE	\$ SE	RVICE			COMP / OTC	;		43							\$
PERSONAL INJURY PROTECTION		44 _			EXP	ENSE			LO	SS ↓					_	46	_						
ADD'L PERSONAL		46			INCO	TIN	\$		EX	(PENSE \$	<b>5</b>		SPECIFIED			42		47	$\dashv$	CL.	FT	LSP	•
INJURY PROTECTION		44     46			\$								CAUSES OF	LOSS		43			'	٠ ا	FTW		\$
		42	46	6												46	Т	47					
MEDICAL PAYMENTS		43			EAC	H PERS	SON		\$				COLLISION			43		7					\$
																46							
													TOWING & L	ABOR		46			\$				
					Ь,											42		47					
		42	46	6		CSL		BI EA PER	\$				AUTO LOAN	ı		43			\$				
UNDERINSURED MOTORIST		43 _					CIDEN	Т \$								46							
		45 VEC		CTATEC	1	PERTY AGE			_	\$		DED						ILER IN					
NON-TRUCKERS HIRED / BORROWED		YES NO		STATES		T OF H	IRE	L		F ANY BA	ASIS		COVERA	GES	SY	MBOL	_ #T	RAILEF	RS ZÖ	NE	# DAYS	RADIUS	DEDUCTIBLE
TRUCKERS		YES		STATES	\$	T OF H	IDE		Τ.,	F ANY BA	V C I C		COMP / OTC			48							
HIRED / BORROWED LIABILITY		NO			\$	I OF H	IKE	L	— "	F ANT DA	4313					48	+						
		YES		STATES	GROUP TYPE NUMBER OF							SPECIFIED CAUSES OF	LOSS		49								
NON-OWNED		NO				EMPLO	OYEES									48							
AUTO LIABILITY						VOLU	NTEERS	S					COLLISION			49							\$
						PART	NERS						TRAILER VA		\$								
OTHER														STA	ATES	#	DAYS	#	ŧ VEH				
													HIRED PHYSICAL										
													DAMAGE										
															CO1	\/ED^	GE IS:				RIMARY		ECONDARY
													OTHER			VERA	GE IS.			Г	KIIVIAKT		BECONDART
COVERED AUTO SYME	BOLS			(44)	) OWN	ED AU	TOS SU	JBJECT	TO N	IO-FAULT	(46)	SPEC	IFICALLY DES	SCRIBE	TUA C	ros		(49)	YOUR	TRA	AILERS IN	THE POS	SESSION OF
(41) ANY AUTO (42) OWNED AUTOS O	NI Y			(45)				IBJECT NSURE											OTHER TRUCKER UNDER A TRAILER ERCHANGE AGREEMENT				
(43) OWNED COMMER	CIAL				МОТ	ORIST I	LAW										NON-	-OWNED AUTOS ONLY					
ENDORSEMENT	S/	REM/	ARK	S (ACOR	D 10	1, Ad	ditio	nal R	ema	rks Sc	hedule	, ma	y be attac	hed if	mo	re s	pace	is re	quir	ed)			
SIGNATURE																							
IT IS A CRIME																		ICE C	OMP	AN'	Y FOR	THE PU	RPOSE OF
DEFRAUDING THI		IVIPAN	NT. P	PENALTIES	SINCI	LUDE	IIVIPKI	SOINIVI	IEINI,	, FINES	AND DE	INIAL	OF INSURA	ANCE	DEINE	EFIIR	<b>)</b> .						
UNDERINSURED N											O UNDE	RINSU	JRED MOTO	RISTS	COV	/ERA	GE (L	JIM) U	РТО	THE	LIMITS	OF MY B	ODILY
INJURY LIABILITY  1. I HAVE SELE	. ,						,	•				(JNJ)	TIALS)										
2. I HAVE SELE												• •	,	/IY PD (	COVI	ERAC	3E			a	NITIALS)		
3. I HAVE SELE																				,	,		
4. I HAVE SELE	CTE	D UIM	BI LIN	MITS AND I	UIM P	D LIM	ITS LC	WER	THAN	N MY BI	AND PD	COV	ERAGE.				_			(11	NITIALS)		
5. I HAVE REJE	CTE	D UIM	BI CC	OVERAGE			(INI	TIALS)			6.	I H.	AVE REJEC	TED UI	M PC	CO,	VERA	GE .			(INI	TIALS)	
LUNDEDCTAND	LI ^ T	TUE	CO\"	EDAGE	ELFO	TION	V VID i	INAIT A	CLIO	ICES IN	DICATE	ריב	DE WILL AT	י יומם	ro ^		יי ידוו	DE DC	N I CV	ם -	NEWAYAT	C CONT	INILIATIONIO
I UNDERSTAND T AND CHANGES U										ICES IN	DICATE	ט HE	KE WILL A	PPLY	IU A	LL F	UIUI	KE PC	ιLICΥ	ΚĿ	INE WAL	s, CONT	INUATIONS
APPLICANT'S SIGNATI	URE						D	ATE			PRODU	CER'S	SIGNATURE								NATION	IAL PROD	UCER NUMBER

AGENO	<b>'V AII</b>	ED ID.
AGENU	, T GU	EK ID:

MOTOR CARRIE	R S	EC.	TIO	N					AGE	NCY CUST	OMER	R ID:	<u> </u>								
COVERAGES	co	VERE	D A	UTO SYMBOLS			LIN	PHYSICAL DAMAGE  COVERED													
		61		67		CSL	BI EA PER	\$		COVERA	GES	А	UTO SY	RED MBO	LS		LIMITS		DEDUCTIBLE		
LIABILITY		62		68	BIE	ACH ACCIE	ENT	\$					62		67						
		63		71	PRO	OPERTY DA	MAGE	\$		COMP / OTO	С		63		68				\$		
		64			ME	DICAL .		SERVICE LOSS					64				T I				
PERSONAL INJURY		65			INC	DICAL PENSE \$ OME		LOSS FUNERAL EXPENSE		SPECIFIED			62		67	SCI		LSP			
PROTECTION		67			CO	NTIN \$	CAUSES OF	LOSS		63		68	F	FTW	,	\$					
ADD!! DEDOOMA!		65											64		67						
ADD'L PERSONAL INJURY		1			\$					COLLISION			63		68				\$		
PROTECTION		67			٩					COLLIGIOIT			64						•		
MEDICAL		62		64						TO 14/11/10 0 1			63								
PAYMENTS		63		67	EAG	CH PERSON		\$		TOWING & I	LABOR		67		'	\$					
				•									62		67						
										AUTO LOAN	1		63		68	\$					
													64								
		62		66		CSL	BI EA PER	\$								ERCHA					
UNDERINSURED MOTORIST		63		67		ACH ACCIE	ENT \$			COVERA	GES	SY	MBOL	#TR	AILER	S FARTI ZONE	# DAYS	RADIUS	DEDUCTIBLE		
		64			DAI	OPERTY MAGE \$		\$	DED	COMP / OTO	С		69								
NON-TRUCKERS HIRED / BORROWED		YES	5	STATES		ST OF HIRE		IF ANY BA	ASIS				70			-					
TRUCKERS		NO YES		STATES	\$					SPECIFIED CAUSES OF	-1000		69								
HIRED / BORROWED		NO	•	STATES		ST OF HIRE		IF ANY BA	ASIS	CAUSES OF	- 1033	<u> </u>	70								
LIABILITY		YES		STATES	\$	OUD TVDE		NII I	MDED OF	COLLISION			69						\$		
NON-OWNED		NO		OTATEO	GR	OUP TYPE     EMPLOYE	Ee	NU	MBER OF	TRAILER VA	ALUE	\$	70								
AUTO		]				VOLUNTE						TES	# 0	DAYS	#	VEH					
LIABILITY						PARTNER															
OTHER						1 . /				HIRED											
										PHYSICAL DAMAGE											
												СО	VERAG	E IS:			PRIMARY	5	SECONDARY		
										OTHER											
COVERED AUTO SYME	BOLS					NED COMMI										YOUR TRAILERS IN THE POSSESSION OF					
(61) ANY AUTO (62) OWNED AUTOS O				(66)	íWO (	NED AUTOS	SUBJECT T	TO NO-FAULT TO A COMPUL	(69) TRAII	AILERS IN YOUR POSSESSION UNDER						ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT					
(63) OWNED PRIVATE						RY UNINSUF				AILER INTERC					. ,		/NED AUTO	OS ONLY			
ENDORSEMENT	SI	KEN	/IAI	RKS (ACOR	D 10	01, Addit	ional Re	marks Sc	hedule, ma	y be attac	hed if	mo	re sp	ace	is re	quirec	1)				
SIGNATURE																					
IT IS A CRIME T															CE C	OMPAI	NY FOR	THE PU	RPOSE OF		
DEFRAUDING THE	E CC	)MP/	ANY	. PENALTIES	SINC	LUDE IMF	RISONME	ENT, FINES	AND DENIAL	OF INSUR	ANCE E	BENI	EFITS.								
UNDERINSURED N									UNDERINS	JRED MOTO	RISTS	CO	/ERAG	E (U	IM) UF	TOTH	IE LIMITS	OF MY E	ODILY		
INJURY LIABILITY							` '														
1. I HAVE SELE									•	,	W DD (	201	ED 4 01	_							
2. I HAVE SELE																	(INITIALS)				
3. THAVE SELE											VIY PD (	JOV	ERAGI				(INITIALS)				
4. I HAVE SELE 5. I HAVE REJE								ii∕AN WIIDI.		ERAGE. AVE REJEC	TED LIII	МЪГ	COV		3F		(INITIALS) (INI	TIALS)			
								HOICES IN											INILATIONS		
I UNDERSTAND T AND CHANGES U								HUICES IN	DICATED HE	KE WILL A	rrly I	10 A	ALL FU	IIUR	= POI	LICY R	ENEVVAL		INUATIONS		
APPLICANT'S SIGNATU	JRE						DATE	·	PRODUCER'S	SIGNATURE	_		_				NATIO	NAL PROD	UCER NUMBER		
									ĺ								1				

## MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE

Washington insurance law requires that we offer you Personal Injury Protection Coverage with certain minimum limits, unless you reject this coverage. We are also required to offer you the right to purchase higher limits.

Please indicate your choices by initialing next to the appropriate item(s) below.

Minimum Coverages:
Health and Hospital Benefits: \$10,000 per each insured, covering expenses incurred within 3 years of the auto accident.
Funeral Benefits: \$2,000 per each insured for funeral expenses.
Income Continuation: Up to \$10,000 per each insured to cover income losses incurred within one year after the date of the insured's injury, subject to the lesser of \$200 per week or 85% of the insured's weekly income. The combined weekly payment receivable by an insured under any workers compensation or other disability insurance benefit, and other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.
Loss of Services Benefit: Up to \$ per each insured, subject to a limit of \$ per day, not to exceed \$ per week.
All payments under Personal Injury Protection Coverage are limited to the amount of actual loss or expense incurred.
Optional Coverages:
Health and Hospital Benefits: \$35,000 per each insured instead of \$10,000.
Income Continuation: Up to \$35,000 per each insured instead of \$10,000, subject to the lesser of \$700 per week (instead of \$200 per week) or 85% of the insured's weekly income. The combined weekly payment receivable by the insured under any workers compensation or other disability insurance benefit, and any other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.
Loss of Services Benefit: Up to \$ per each insured, subject to a limit of \$ per day, not to exceed \$ per week.
Rejection of Coverage:
I reject Personal Injury Protection Coverage in its entirety.
Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.
I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.
Applicant's Signature Date