AGENCY CUSTOMER ID:

OKLAHOMA COMMERCIAL AUTO

ACORD							•	1	COVE	RAGES	/ LII	MITS	SECTION	1							DAIL	_ (IVIIVI/DI]	
AGENCY											-		INSURED(S)											
POLICY NUMBER										CARRIE	R					NAI	C CODE							
BUSINESS AUT	o si	ECT	ION	1																				
COVERAGES										IMITS			COVERA	AGES	COV	/ERE	D AU	TO S	ҮМВС	DLS	L	IMITS		
LIABILITY		1 2		4 7		9	BI EACH A		BI EA PER NT	\$ \$														
		3		8			PROPER	TY DAN	IAGE	\$			1											
																	PHY	SICA	L DA	MAG	E			
													TOWING & LABOR			3 7					\$	\$		
													COMP / OTC	;		2 4 8			8					
MEDICAL PAYMENTS		2		4 7		8	EACH PE	RSON		\$			SPECIFIED CAUSES OF	LOSS		2		4 7		8				
UNINSURED MOTORIST		2		6 7			BI EACH A		BI EA PER NT	\$			COLLISION			2		4 7		8				
		4																						
HIRED / BORROWED		YES	3	ST	ATE	S	COST OF	HIRE		IF ANY BASIS				STATE	ES	# DAYS		#	# VEH		COVERAGE / D	EDUCT	BLE	
LIABILITY		NO \$ YES STATES GROUP TYP						ROUP TYPE NUMBER OF													COMP \$ SPEC COFL \$			
NON-OWNED LIABILITY					EMPLOYEES VOLUNTEERS					PHYSICAL DAMAGE								COLL \$						
COVERED (1) ANY							PAR		(4) OWNED AUTOS OTHER THAN PRIVA					COVERAGE IS: GER AUTOS ONLY						PRIMARY (7) SPECIFICALLY DESCR			ONDARY UTOS	
AUTO (2) OWN SYMBOLS (3) OWN	NED F	PRIVA	ATE P	ASSE			ITOS ONLY	, (e	OWNE		JECT	TO A CON	IPULSORY UN						(9) N	ION-	O AUTOS ONLY OWNED AUTOS	ONLY		
ENDORSEMENT	371	KEN	iiAN.	.NO	(A)			- vour	ional N	emarks 3	chec	uie, m	ay be allac	neu II I	nore	, s s p	ace	15 1	equ	ii eu				
SIGNATURE																								
ANY PERSON WE CONTAINING ANY														URER F	ILES	A S	TATI	ÉME	NT (OF C	CLAIM OR AN	APPL	ICATION	
I UNDERSTAND T AND CHANGES U											IDICA	TED HE	RE WILL AF	PPLY TO	ALL	FUT	TURE	PC)LIC	/ RE	ENEWALS, CO	NTINU	IATIONS	
APPLICANT'S SIGNATI	JRE							Ī	DATE		PRO	DDUCER'S	SIGNATURE								NATIONAL PR	ODUCE	R NUMBER	

	CO	VERE	D A	UTO SYMBOLS			LIMI	TS	PHYSICAL DAMAGE												
		41		46		CSL	BI EA PER	<u> </u>	COVERA	GES	Δ1	COVE JTO SY	RED	٠ .		LIMITS		DEDUCTIE			
LIABILITY		42		47	BLE	EACH ACCIDEN						42		47							
LIADIEITI		43		50		OPERTY DAMA			COMP / OTC	;		43		"				\$			
				30	1100	OI LITTI DAMA	<u> </u>	,	_									*			
												46			201						
							SPECIFIED			42	47		SCL	FT	LSP						
								CAUSES OF	LOSS		43			F	FTW		\$				
												46									
MEDICAL		42		46	EAG	CH PERSON	9	0011101011			42		47				1.				
PAYMENTS		43			-		RI .		COLLISION			43						\$			
ININICUIDED		42		46		CSL	BI EAPER \$	5				46									
JNINSURED MOTORIST		43			BIE	EACH ACCIDEN	Т \$	5	TOWING			46		9	;						
		45							& LABOR												
														ER INT							
									COVERA	GES	SYMBOL		#TRAILERS		FARTH ZONE	# DAYS	RADIUS	DEDUCTIE			
									COMP / OTO			48									
NON-TRUCKERS		YES	3	STATES	co	ST OF HIRE		IF ANY BASIS	001/11/01/01			49									
HIRED / BORROWED		NO			\$			_	SPECIFIED			48									
TRUCKERS		YES	3	STATES	co	ST OF HIRE		IF ANY BASIS	CAUSES OF	LOSS		49									
HIRED / BORROWED LIABILITY		NO			\$			_				48									
		YES	3	STATES	GR	OUP TYPE		NUMBER OF	COLLISION			49						\$			
NON-OWNED		NO				EMPLOYEES			TRAILER VA	LUE	\$										
AUTO LIABILITY		1				VOLUNTEERS	3			STA	TES	# D	AYS	#\	/EH						
						PARTNERS															
OTHER						TARTITETO			HIRED												
									PHYSICAL												
							DAMAGE														
										001	/EDAG				DIMAN DV		TOONDAD.				
							OTHER		COVERAG		E 15:		111	PRIMARY S		SECONDARY					
	L									SCRIBE	ם אוו	TO S									
COVERED AUTO SYN	IBOL	s				VNED AUTOS S			PECIFICALLY DE		טא ט	103				RAILERS I					
(41) ANY AUTO (42) OWNED AUTOS	ONLY	,		(4	5) OV CC	VNED AUTOS S MPULSORY UN	UBJECT T	O A (47) HI (48) TF	RED AUTOS ON RAILERS IN YOU	LY R POSS	SESSI	ON UNI		` ,	ANOTHE INTERCI	R TRUCK	ER UNDEI GREEMEN	R A TRAILER			
(41) ANY AUTO (42) OWNED AUTOS (43) OWNED COMME	ONLY RCIA	, L AU		ONLY	5) OV CC MC	VNED AUTOS S OMPULSORY UN OTORIST LAW	UBJECT T IINSURED	O A (47) HI (48) TF A	RED AUTOS ON RAILERS IN YOU TRAILER INTER	LY R POSS CHANG	SESSIO E AGR	ON UNI	NT	(50)	ANOTHE INTERCI NON-OW	R TRUCK HANGE AC /NED AUT	ER UNDE	R A TRAILER			
(41) ANY AUTO (42) OWNED AUTOS (43) OWNED COMME	ONLY RCIA	, L AU		ONLY	5) OV CC MC	VNED AUTOS S OMPULSORY UN OTORIST LAW	UBJECT T IINSURED	O A (47) HI (48) TF	RED AUTOS ON RAILERS IN YOU TRAILER INTER	LY R POSS CHANG	SESSIO E AGR	ON UNI	NT	(50)	ANOTHE INTERCI NON-OW	R TRUCK HANGE AC /NED AUT	ER UNDEI GREEMEN	R A TRAILER			
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(41) ANY AUTO (42) OWNED AUTOS (43) OWNED COMME	ONLY RCIA	, L AU		ONLY	5) OV CC MC	VNED AUTOS S OMPULSORY UN OTORIST LAW	UBJECT T IINSURED	O A (47) HI (48) TF A	RED AUTOS ON RAILERS IN YOU TRAILER INTER	LY R POSS CHANG	SESSIO E AGR	ON UNI	NT	(50)	ANOTHE INTERCI NON-OW	R TRUCK HANGE AC /NED AUT	ER UNDEI GREEMEN	R A TRAILER			
(41) ANY AUTO (42) OWNED AUTOS (43) OWNED COMME	ONLY RCIA	, L AU		ONLY	5) OV CC MC	VNED AUTOS S OMPULSORY UN OTORIST LAW	UBJECT T IINSURED	O A (47) HI (48) TF A	RED AUTOS ON RAILERS IN YOU TRAILER INTER	LY R POSS CHANG	SESSIO E AGR	ON UNI	NT	(50)	ANOTHE INTERCI NON-OW	R TRUCK HANGE AC /NED AUT	ER UNDEI GREEMEN	R A TRAILE			
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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

	CARR		

COVERAGES	СО	VERE	D AU	JTO SYMBOLS			PHYSICAL DAMAGE													
		61		67		CSL	COVERA	GES	A	COVE UTO SY	RED MBO	LS		LIMITS	DEDUCTIBLE					
		62		68	CSL BI EA PER \$ BI EACH ACCIDENT \$								62		67					
LIABILITY		63		71	PRC	PERTY DAM	//AGE	\$			COMP / OTO			63		68				\$
		64												64						
		-												62		67	SCL	FT	LSP	
											SPECIFIED			63		68	F	FT		\$
							CAUSES OF	LOSS		64						ľ				
														62		67				
											COLLISION			63		68				\$
											0022.0.0.1			64						ľ
		62		64							TO14/11/0			63						
MEDICAL PAYMENTS		63		67	EAC	H PERSON		\$			TOWING & LABOR			67		'	\$			
		62		66		CSL	BI EA PE	- ¢							TRAII	FR INT	ERCHA	NGF		
UNINSURED		63		67	DI E	ACH ACCIDI		:R ♥ \$			COVERA	GES	ev	MBOL			FARTI		RADIUS	DEDUCTIBLE
MOTORIST		64		- 67	DI C	ACH ACCIDI	=IN I	φ			COVERA	GLS	31	69	# 11	AILLIN	ZONE	# DATS	KADIOS	DEDOCTIBLE
		04									COMP / OTO									
													-	70						
											SPECIFIED CAUSES OF		69							
NON TENSORE	-	YES	3	STATES	000	T OF 1125			IE ANN DO	210	55525 51		\vdash	70						
NON-TRUCKERS HIRED / BORROWED	-	NO		OI/TIEO		ST OF HIRE			IF ANY BAS	010	COLLISION			69						\$
TRUCKERS	\vdash	YES		STATES	\$	T OF 1125			IE ANN DO	210	TRAILER \/A	RAILER VALUE		70					1	
HIRED / BORROWED	-	NO		OI/TIEO		ST OF HIRE			IF ANY BAS	010	TIO SILLIN VA	_	\$ ATES	# [DAYS	#	VEH			
LIABILITY		YES		STATES	\$					IDED 05		017		" -	,,,,,					
NON-OWNED		NO		OTATEO	GRO	OUP TYPE			NUN	IBER OF	HIRED									
AUTO] 140				EMPLOYER					PHYSICAL									
LIABILITY						VOLUNTEE					DAMAGE									
OTHER					\vdash	PARTNERS	5													
OTTER											OTHER			VERAG	E IS:			PRIMARY	8	ECONDARY
											OTTLER									
OOVEDED ALITO OVA	1001																			
(61) ANY AUTO	MBOL	S																		SSESSION OF R A TRAILER
(62) OWNED AUTOS (63) OWNED PRIVATI			ITOC	(6	66) OWNED AUTOS SUBJECT TO A COMPUL- (69) TRAIL					AILERS IN YOUR POSSESSION UNDER INTE						INTERC	HANGE A			
ENDORSEMENT																			103 ONLT	
LINDONSLINEIN	37	IXLI	VIAIN	TOOK) CAL	(0 1	or, Addit	ionai	IXCIII	ai KS OCI	ileaule, ili	ay De alla	crieu i	1 1110	<i>J</i> I C 3	Jace	13 16	quire	u)		
SIGNATURE																				
ANY PERSON WI												SURER	FILE	ES A	STAT	EMEN	NT OF	CLAIM C	R AN AF	PLICATION
CONTAINING ANY	′ FAI	LSE,	INC	OMPLETE, O	R MI	SLEADING	INFO	KMAT	ION IS G	UILTY OF A	FELONY.									
I UNDERSTAND T AND CHANGES U									DICES IND	OICATED HE	RE WILL A	PPLY ⁻	ΓΟ Α	LL FL	ITUR	E POI	LICY R	ENEWAL	S, CONT	INUATIONS
APPLICANT'S SIGNATI	URE						DATE			PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER
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