



AGENCY CUSTOMER ID: _____

**LOUISIANA 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 \$						
			PHYSICAL DAMAGE					
			TOWING & LABOR	3 7	\$			
			COMP / OTC	2 4 8 3 7				
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7				
UNINSURED MOTORIST	2 6	ECONOMIC & NON ECONOMIC LOSSES ECONOMIC LOSSES ONLY	COLLISION	2 4 8 3 7				
	3 7	CSL BI EA PER \$						
	4	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$						
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE	
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE		NUMBER OF				COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES						
		VOLUNTEERS						
		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)**SIGNATURE**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$						
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$						
			COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
			SPECIFIED CAUSES OF LOSS	43 <input type="checkbox"/>	46 <input type="checkbox"/>	\$			
				42 <input type="checkbox"/>	47 <input type="checkbox"/>				
				43 <input type="checkbox"/>	46 <input type="checkbox"/>				
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$		
	43 <input type="checkbox"/>				43 <input type="checkbox"/>	46 <input type="checkbox"/>			
	42 <input type="checkbox"/>	46 <input type="checkbox"/>	ECONOMIC & NON ECONOMIC LOSSES <input type="checkbox"/> ECONOMIC LOSSES ONLY						
UNINSURED MOTORIST	43 <input type="checkbox"/>		<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	46 <input type="checkbox"/>	\$			
	45 <input type="checkbox"/>		BI EACH ACCIDENT \$						
			PROPERTY DAMAGE \$						
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	COMP / OTC	48 <input type="checkbox"/>			
	NO <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	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>			
	NO <input type="checkbox"/>		\$			49 <input type="checkbox"/>			
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	GROUP TYPE	NUMBER OF	COLLISION	48 <input type="checkbox"/>			\$
	NO <input type="checkbox"/>		<input type="checkbox"/> EMPLOYEES			49 <input type="checkbox"/>			
			<input type="checkbox"/> VOLUNTEERS						
OTHER			<input type="checkbox"/> PARTNERS		TRAILER VALUE	\$			
					HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	
						COVERAGE IS:		PRIMARY	
					OTHER				

COVERED AUTO SYMBOLS

(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS
(42) OWNED AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY
(43) OWNED COMMERCIAL 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

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																																																	
LIABILITY	61	67	CSL	BI EA PER	\$	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>COVERAGES</th> <th>COVERED AUTO SYMBOLS</th> <th>LIMITS</th> <th>DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="3">COMP / OTC</td> <td>62</td> <td>67</td> <td rowspan="3"></td> </tr> <tr> <td>63</td> <td>68</td> </tr> <tr> <td>64</td> <td></td> </tr> <tr> <td rowspan="3">SPECIFIED CAUSES OF LOSS</td> <td>62</td> <td>67</td> <td>SCL</td> <td>FT</td> <td>LSP</td> <td rowspan="3">\$</td> </tr> <tr> <td>63</td> <td>68</td> <td>F</td> <td>FTW</td> <td></td> </tr> <tr> <td>64</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">COLLISION</td> <td>62</td> <td>67</td> <td colspan="3"></td> <td rowspan="3">\$</td> </tr> <tr> <td>63</td> <td>68</td> <td colspan="3"></td> </tr> <tr> <td>64</td> <td></td> <td colspan="3"></td> </tr> </tbody> </table>	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COMP / OTC	62	67		63	68	64		SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$	63	68	F	FTW		64					COLLISION	62	67				\$	63	68				64				
	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																																																
	COMP / OTC	62	67																																																	
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62	68	BI EACH ACCIDENT	\$																																																	
63	71	PROPERTY DAMAGE	\$																																																	
64																																																				
MEDICAL PAYMENTS	62	64	EACH PERSON	\$		TOWING & LABOR	63		\$																																											
	63	67					67																																													
UNINSURED MOTORIST	62	66	ECONOMIC & NON ECONOMIC LOSSES	ECONOMIC LOSSES ONLY		TRAILER INTERCHANGE																																														
	63	67	CSL	BI EA PER	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE																																								
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NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS	COLLISION	69					\$																																								
	NO		\$				70																																													
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS	TRAILER VALUE \$																																														
	NO		\$			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH																																											
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF																																																
	NO		EMPLOYEES																																																	
			VOLUNTEERS																																																	
			PARTNERS																																																	
OTHER						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

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

STATE OF LOUISIANA

This form may not be altered or modified.

UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured / Underinsured Motorists Bodily Injury Coverage, referred to as "**UMBI**" in this form, is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic- Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. **I select UMBI Coverage** which provides compensation for economic and non-economic losses
Initials **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ each person **OR** \$ each accident / occurrence
\$ each accident / occurrence
2. **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses
Initials **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
3. **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses
Initials **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ each person **OR** \$ each accident / occurrence
\$ each accident / occurrence
4. **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI coverage** for
Initials losses arising from an accident caused by an uninsured / underinsured motorist.

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

Signature of Named Insured or Legal Representative

Optional Information for Policy Identification Purposes Only

Print Name

Individual Company Name; Group Name and/or Logo

Date

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

Uninsured Motorists Property Damage Coverage pays for damages or destruction of a covered auto caused by an auto accident where an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Uninsured Motorists Property Damage Coverage is available only:

1. If you have not rejected Uninsured Motorists Bodily Injury Coverage, and
2. For autos for which you have not purchased Collision Coverage.

I understand and acknowledge that Uninsured Motorists Property Damage (UMPD) coverage has been offered to me.

I have indicated my choice by **initialing** next to the appropriate item below (initial only one option).

_____ I select Uninsured Motorists Property Damage Coverage at a limit of \$ _____
for each accident for the vehicles listed below:

YEAR	MAKE	MODEL
YEAR	MAKE	MODEL
YEAR	MAKE	MODEL
YEAR	MAKE	MODEL

_____ I reject Uninsured Motorists Property Damage Coverage entirely.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

Applicant's Signature _____ Date _____ Effective Date _____