AGENCY CUSTOMER ID:

ACORD®

DISTRICT OF COLUMBIA COMMERCIAL AUTO

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

ACORD								COVE	RAGES /	LIN	WITS S	SECTION	1			•					DAIL	(MM/DD/TTTT)		
AGENCY											NAMEDI	NSURED(S)												
POLICY NUMBER	POLICY NUMBER EFFECTIVE DATE CARRIER												ER											
BUSINESS AUT	o s	ECT	101	<u>, </u>																				
COVERAGES COVERED AUTO SYMBOLS LIMITS											COVERA	MITS												
1 4 9 CSL BI EA PER \$																								
IABILITY 2 7 BI EACH ACCIDENT \$										_														
	3 8 PROPERTY DAMAGE \$									MED-														
PERSONAL INJURY								ICAL FUN-					PHY	/SIC/	AI DA	MAGI								
PROTECTION	OTECTION TO SERA								ERAL	TOWING			3											
												& LABOR			7					\$				
												COMP / OTC	;		3		4 7		8					
MEDICAL PAYMENTS		2		4 7		8	EACH PERSON	I	\$			SPECIFIED CAUSES OF	LOSS		2		4 7		8					
UNINSURED		2		6			CSL	BI EA PER	\$			COLLISION			2		4		8					
MOTORIST		3		7			BI EACH ACCIE		\$ \$						3		7							
		2		6			CSL	BI EA PER																
UNDERINSURED MOTORIST	JNDERINSURED 3 7 BLEACH ACCIDENT								\$															
	4 PROPERTY DAMAGE						\$				STATI		# D	AYS	# VEH			COVER	CE / DI	DUCTION E				
HIRED / BORROWED LIABILITY	NO		٥) IAI	ES	COST OF HIRE	COST OF HIRE IF ANY BASIS					SIAII	_0	# 0	A13	# VEN			COVERAGE / DEDUCTIBLE COMP \$					
		YES							NUN	MBER	OF	HIRED								SPI C C				
NON-OWNED		NO					EMPLOYEES VOLUNTEERS					PHYSICAL DAMAGE								СО		5		
LIABILITY																	<u></u>							
COVERED (1) ANY							PARTNER	(4) OWNE				TE PASSENGER AUTOS ONLY (7) SPECIFICALLY DESCRIBED AUTOS							SECONDARY BED AUTOS					
AUTO (2) OWN SYMBOLS (3) OWN					SENG	ER AL	JTOS ONLY		D AUTOS SUBJ D AUTOS SUBJ				INSURED	мот	ORIS	TS LA	W			AUTOS (OWNED A		ONLY		
ENDORSEMENT	s/	REN	//AR	RKS	(A	COR	D 101, Addi	tional R	emarks Scl	hedu	ule, ma	y be attacl	hed if n	nore	spa	ace i	is r	equi	red))				
SIGNATURE					_																			
ANY PERSON WI																						SENTS FALSE		
I ACKNOWLEDGE COVERAGE. I HA ELECTED NOT TO	VΕ	SEL	ECT	ED	THE	E LIM	IITS INDICATE																	
I HAVE ALSO BEE							PERSONAL IN																	
1. AUTO MEDICAL				COV	ERA	\GE		_ (INITI	•	:	3. FUNE	RAL EXPEN	SE COV	ERA	GE				. (IN	IITIALS)				
2. WORK LOSS C								_ (INITI																
I UNDERSTAND T AND CHANGES U	NLE												PPLY TC) ALL	. FU	TURE	E P(OLIC'	Y RE					
APPLICANT'S SIGNATI	JRE							DATE		PRO	DUCER'S	SIGNATURE								NATIO	NAL PR	ODUCER NUMBER		

ACORD 137 DC (2015/12)

AGENCY CUSTOMER ID:	

TRUCKERS SEC	OIT	N																				
COVERAGES	COVERED AUTO SYMBOLS LIMITS									PHYSICAL DAMAGE COVERED												
		41		46		CSL	BI EA PER	\$		COVERA	GES	А	UTO SY	MBO	LS		LIMITS		DEDUCTIBLE			
LIABILITY		42		47	BI EA	ACH ACCIE	ENT	\$					42		47							
		43		50	PRO	PERTY DA	MAGE	\$		COMP / OTO			43						\$			
PERSONAL INJURY		44 _			\$			\$	MED- ICAL FUN-				46									
PROTECTION		46				\$	W LC				42		47	SCL	FT	LSP						
						SPECIFIED CAUSES OF	LOSS		43			F	FTW	•	\$							
											46											
MEDICAL		42		46									42		47							
PAYMENTS		43			EACI	H PERSON		\$		COLLISION			43						\$			
		42		46		CSL	BI EA PER	\$				46		.								
UNINSURED	VINSURED BLEACH ACCIDENT \$								TOWING			46										
MOTORIST	<u> </u>	45			PRO	PERTY DA	MAGE	\$		& LABOR						\$						
		42		46		CSL	BI EA PER	\$						TRAIL	ER INT	ERCHAI	NGE					
UNDERINSURED		43					_	\$		COVERA	GES	SY	MBOL	FARTH	# DAYS	RADIUS	DEDUCTIBLE					
MOTORIST		45				PERTY DA		\$					48			ZONE						
NON-TRUCKERS	_	YES		STATES		T OF HIRE	WINCE	IF ANY B	ΔSIS	COMP / OTO			49									
HIRED / BORROWED		NO			\$	1 OI TIIILE		/	1010				48									
TRUCKERS		YES		STATES		T OF HIRE		IF ANY B	A CIC	SPECIFIED CAUSES OF	LOSS		49									
HIRED / BORROWED LIABILITY		NO			\$	1 OI TIIKE			4010				48									
EN OILIT	_	YES		STATES	<u> </u>	UP TYPE		NII	IMBER OF	COLLISION			49						\$			
NON-OWNED	_	NO		0.7.1.20			F0	INC.	INDER OF	TRAILER VA	N UF	\$	49									
AUTO						EMPLOYE				110 02210 17		TES	# D	AYS	#	VEH						
LIABILITY						VOLUNTE				_	0.,	0	"		,,							
OTHER						PARTNER	8			-												
OTTER										HIRED PHYSICAL												
										-												
										OTUED		CO	VERAG	E IS:		F	PRIMARY	8	ECONDARY			
							OTHER															
(41) ANY AUTO	OLS						SUBJECT T	O NO-FAUL		DIFICALLY DES DIAUTOS ONL		TUA C	os						SESSION OF			
(42) OWNED AUTOS O				` ′	COM	PULSORY	JNINSURED		(48) TRAI	LERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT												
(43) OWNED COMMER						DRIST LAW				AILER INTERC					` '		NED AUTO	S ONLY				
ENDORSEMENT	<u>S / R</u>	EM	AR	KS (ACOR	D 10	1, Addit	ional Re	marks Sc	hedule, ma	y be attac	hed if	mo	re sp	ace	is re	quired)					
CIONATURE																						
SIGNATURE																						
ANY PERSON WE INFORMATION IN																		PRESE	NTS FALSE			
I ACKNOWLEDGE COVERAGE. I HA ELECTED NOT TO	VE S	SELE	CTE	ED THE LIM	IITS I	NDICATE																
I HAVE ALSO BEE	N OFI	FERI	ED (OPTIONAL F	PERSO	ONAL IN	URY PRO	TECTION (COVERAGES	. I HAVE RE	JECTE	D TH	HE FO	LLOV	VING:							
1. AUTO MEDICAL							(INITIA			RAL EXPEN						/11	MITIAL C					
2. WORK LOSS CO							(INITIA									("	vi i ialo)					
I UNDERSTAND T	HAT	THE	СО				D LIMIT CI		IDICATED HE	RE WILL A	PPLY 1	ГО А	LL FU	TUR	E POI	_ICY RI	ENEWAL	S, CONT	INUATIONS			
AND CHANGES U		SIN	IOT	IFY YOU OT	HERV	VISE IN V			T								1					
APPLICANT'S SIGNATU	JRE						DATE		PRODUCER'S	SIGNATURE							NATION	IAL PROD	UCER NUMBER			

AGE	NCY CUSTOMER ID:		

MOTOR CARRIER SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE PHYSICAL DAMAGE																			
COVERAGES	co	VERE	D AU	JTO SYMBOLS	PHYSICAL DAMAGE COVERAGES COVERED LIMITS DEDUCTIBLE AUTO SYMBOLS LIMITS DEDUCTIBLE														
		61		67	CSL	BI EA PER \$	\$		COVERA	GES	A	UTO SY	RED MBO	LS		LIMITS	DEDUCTIBLE		
LIADILITY		62		68	BI EACH A	CCIDENT \$						62		67					
LIABILITY		63		71	PROPERTY	DAMAGE \$			COMP / OTC			63		68				\$	
		64										64			S LIMITS DEDUCTIBLE 67 68 67 68 67 68 67 68 67 68 67 68 67 68 8 67 68 8 FF FTW \$ FTW				
		65			\$	DED \$		MED- ICAL				62		67	sc	L FT	LSP		
PERSONAL INJURY PROTECTION		67			\$	WK LOS	\$ \$	FUN- ERAL	SPECIFIED CAUSES OF	2201		63		68	F	FTV	/	\$	
TROTEGRAN									0/10020 01	2000		64							
												62		67					
												63		68				\$	
												64							
MEDICAL 62 64 FACILIDED CON									TOWING			63							
PAYMENTS		63		67	EACH PER				& LABOR			67			\$				
		62		66	CSL	BI EA PER \$													
UNINSURED MOTORIST		63		67	BI EACH A				COVERA	GES	SY	MBOL	# TR	AILER	s FARTI	# DAYS	RADIUS	DEDUCTIBLE	
MOTORIOT		64			PROPERTY							69							
		62		66	CSL	BI EA PER \$			COMP / OTC	5		70							
UNDERINSURED MOTORIST		63		67	BI EACH AG			SPECIFIED			69								
MOTORIOT		64			PROPERTY	DAMAGE \$			CAUSES OF LOSS			70							
NON-TRUCKERS		YES	3	STATES	COST OF H	IIRE	IF ANY BA	SIS				69						•	
HIRED / BORROWED		NO			\$	COLLISION			70						\$				
TRUCKERS HIRED / BORROWED		YES	3	STATES	COST OF H	IIRE	IF ANY BA	SIS	TRAILER VA	LUE	\$								
LIABILITY		NO			\$		STA	TES	# 0	AYS	#	VEH							
		YES	3	STATES	GROUP TY														
NON-OWNED AUTO		NO			EMPL	HIRED													
LIABILITY					VOLU	NTEERS		PHYSICAL DAMAGE											
					PART	PARTNERS													
OTHER								со	VERAG	E IS:			PRIMARY	ECONDARY					
									OTHER										
COVERED AUTO SYME	BOLS					MMERCIAL AUTOS			CIFICALLY DES		O AUT	ros							
(61) ANY AUTO (62) OWNED AUTOS O				(66)	OWNED AU	TOS SUBJECT TO TOS SUBJECT TO	A COMPUL		LERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT										
(63) OWNED PRIVATE						SURED MOTORIS			AILER INTERC					• •			OS ONLY		
ENDORSEMENT	S/	REN	//AR	KS (ACOR	D 101, Ad	Iditional Rem	arks Sc	hedule, ma	y be attac	hed if	mo	re sp	ace	is re	quire	d)			
SIGNATURE																			
ANY PERSON WHINFORMATION IN																		NTS FALSE	
I ACKNOWLEDGE COVERAGE. I HA ELECTED NOT TO	VE	SEL	ECT	ED THE LIM	IITS INDIC														
I HAVE ALSO BEE					_	INJURY PROTE	ECTION C	COVERAGES	I HAVE RE	JECTE	D TI	HE FO	HOV	VING					
1. AUTO MEDICAL						(1) UTIAL (RAL EXPEN							NITIALS)			
2. WORK LOSS CO						(INITIALS	,					- =			(1111 IALO)			
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AND CHANGES UI		၁ ၁ I	I UVI	110 00	HEKWISE	DATE		PRODUCER'S	SIGNATURE							NATIO	NAI PROD	UCER NUMBER	
I LIGARI O GIGNATO	- I L					DAIL .		, KODOOLK S	SIGNATURE							1441101	JALI KOD	JER MUNIBER	