



AGENCY CUSTOMER ID: _____

**HAWAII 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 \$				
PERSONAL INJURY PROTECTION	5	\$ \$ DED CO PAY OPTION %				
	7	MANAGED CARE OPTION CO PAY OPTION % DED \$	PHYSICAL DAMAGE			
ADDITIONAL P.I.P.	5	ADD'L MED EXP \$ WAGE LOSS \$	TOWING & LABOR	3 7	\$	
	7	DTH BEN \$ FUN EXP \$ ALT EXP	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 MOT	2 6	CSL BI EA PER \$	COLLISION	2 4 8 3 7		
	3 7	BI EACH ACCIDENT \$				
NON-STKD	4					
UNDERINS MOT	2 6	CSL BI EA PER \$				
	3 7	BI EACH ACCIDENT \$				
NON-STKD	4					
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 NUMBER OF				SPEC C OF L \$
	NO	EMPLOYEES VOLUNTEERS PARTNERS				COLL \$
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**

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

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																																
LIABILITY	41 <input type="checkbox"/>	CSL <input type="checkbox"/> 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>42 <input type="checkbox"/></td> <td>47</td> <td rowspan="3">\$</td> </tr> <tr> <td>43 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>46</td> <td></td> </tr> <tr> <td rowspan="3">SPECIFIED CAUSES OF LOSS</td> <td>42 <input type="checkbox"/></td> <td>47</td> <td rowspan="3">\$</td> </tr> <tr> <td>43 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>46</td> <td></td> </tr> <tr> <td rowspan="3">COLLISION</td> <td>42 <input type="checkbox"/></td> <td>47</td> <td rowspan="3">\$</td> </tr> <tr> <td>43 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>46</td> <td></td> </tr> <tr> <td rowspan="3">TOWING & LABOR</td> <td>46</td> <td></td> <td>\$</td> </tr> </tbody> </table>	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COMP / OTC	42 <input type="checkbox"/>	47	\$	43 <input type="checkbox"/>		46		SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47	\$	43 <input type="checkbox"/>		46		COLLISION	42 <input type="checkbox"/>	47	\$	43 <input type="checkbox"/>		46		TOWING & LABOR	46		\$
	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE																														
	COMP / OTC	42 <input type="checkbox"/>		47	\$																														
43 <input type="checkbox"/>																																			
46																																			
SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47	\$																																
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	46																																		
COLLISION	42 <input type="checkbox"/>	47	\$																																
	43 <input type="checkbox"/>																																		
	46																																		
TOWING & LABOR	46		\$																																
	42 <input type="checkbox"/>	BI EACH ACCIDENT \$																																	
	43 <input type="checkbox"/>	PROPERTY DAMAGE \$																																	
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	\$ \$ DED <input type="checkbox"/> CO PAY OPTION %																																	
	46 <input type="checkbox"/>	MANAGED CARE OPTION CO PAY OPTION % DED \$																																	
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	ADD'L MED EXP \$ WAGE LOSS \$																																	
	46 <input type="checkbox"/>	DTH BEN \$ FUN EXP \$ ALT EXP <input type="checkbox"/>																																	
MEDICAL PAYMENTS	42 <input type="checkbox"/>	EACH PERSON \$																																	
	43 <input type="checkbox"/>																																		
UNINSURED MOT	42 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$																																	
STACKED	43 <input type="checkbox"/>	BI EACH ACCIDENT \$																																	
NON-STKD	45																																		
UNDERINS MOT	42 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$																																	
STACKED	43 <input type="checkbox"/>	BI EACH ACCIDENT \$																																	
NON-STKD	45																																		
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$																																	
	NO																																		
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$																																	
	NO																																		
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF																																	
	NO	EMPLOYEES																																	
		VOLUNTEERS																																	
		PARTNERS																																	
OTHER																																			

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	48					
	49					
SPECIFIED CAUSES OF LOSS	48					
	49					
COLLISION	48					\$
	49					
TRAILER VALUE		\$				
HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	COVERAGE IS:			PRIMARY	SECONDARY	
OTHER						

COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED 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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ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SIGNATURE

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

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE	
LIABILITY		61		67		CSL		BI		EA	PER	\$	
		62		68		BI EACH ACCIDENT		\$					
		63		71		PROPERTY DAMAGE		\$					
		64											
PERSONAL INJURY PROTECTION		65				\$		\$		DED		CO PAY	%
		67					MANAGED CARE						
							OPTION						
							CO PAY						
ADDITIONAL P.I.P.		65					ADD'L					WAGE	\$
		67					MED EXP	\$				LOSS	\$
							DTH	\$					
							BEN	\$					
MEDICAL PAYMENTS		62		64									
		63		67		EACH PERSON		\$					
UNINSURED MOT		62		66		CSL		BI		EA	PER	\$	
	STACKED		63		67	BI EACH ACCIDENT		\$					
	NON-STKD		64										
UNDERINS MOT		62		66		CSL		BI		EA	PER	\$	
	STACKED		63		67	BI EACH ACCIDENT		\$					
	NON-STKD		64										
NON-TRUCKERS HIRED / BORROWED	YES	STATES				COST OF HIRE				IF ANY BASIS			
	NO					\$							
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES				COST OF HIRE				IF ANY BASIS			
	NO					\$							
NON-OWNED AUTO LIABILITY	YES	STATES				GROUP TYPE		NUMBER OF					
	NO					EMPLOYEES							
						VOLUNTEERS							
						PARTNERS							
OTHER													

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE	
COMP / OTC		62		67			\$
		63		68			
		64					
SPECIFIED CAUSES OF LOSS		62		67		SCL	
		63		68		F	
		64				FTW	
						LSP	
COLLISION		62		67			\$
		63		68			
		64					
TOWING & LABOR		63				\$	
		67					

TRAILER INTERCHANGE							
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
COMP / OTC	69						
	70						
SPECIFIED CAUSES OF LOSS	69						
	70						
COLLISION	69						\$
	70						
TRAILER VALUE		\$					
HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
		COVERAGE IS:			PRIMARY		SECONDARY
OTHER							

COVERED AUTO SYMBOLS			
(61) ANY AUTO	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF
(62) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	ANOTHER TRUCKER UNDER A TRAILER
(63) OWNED PRIVATE PASS AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPUL- SORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	INTERCHANGE AGREEMENT
			(71) NON-OWNED AUTOS ONLY

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