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<b>ACORD</b>

## NEW YORK COMMERCIAL AUTO

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	DATE (MM/DD/YYYY)

ACORD								141			SES / L			SECTION	i												.,
AGENCY													NAMEDI	NSURED(S)													
POLICY NUMBER										EFFEC	CTIVE DATE	Ŧ	CARRIE	र											NAI	COD	E
BUSINESS AUT	O SE	-CT	ION	1					L																		
COVERAGES		/ERE			YMB	OLS			LI	MITS				COVERA	GES	co	VERE	D AU	TO S	YMB	OLS			LIM	ITS		
LIABILITY		1 2		4		9		CSL CH ACCID	BI EA PER	\$ \$																	
		3		8		_		BI EACH ACCIDENT \$ PROPERTY DAMAGE \$																			
PERSONAL INJURY PROTECTION		5		7			\$			DED	\$																
OBEL		5		7			\$											PHY	SIC	AL DA	MAG	E					
ADDITIONAL P.I.P.		5 7					\$ OTHE	REXP \$		DE	OSS \$ ATH NEFIT \$			TOWING & LABOR			3 7					\$					
WORK LOSS COORD		5		7			\	YES			NO	O		COMP/OTC			2		4		8						
MEDICAL EXP ELIM		5		7			1	NAMED IN	IS ONLY		NAMED IN: AND RELA	TIV	ES ES	00Mii 7010			3		7								
MEDICAL PAYMENTS		3		4 7		8	EACH	I PERSON	_	\$				SPECIFIED CAUSES OF	LOSS		3		7		8						
STATUTORY UNINSURED		2		6 7				CSL CH ACCIE	BI EA PER ENT	\$ \$				COLLISION			2		4 7		8						
MOTORIST  SUPPLEMENTARY		4		6				CSL	BI EA PER	•							•				•						
UNINSURED / UNDERINSURED MOTORIST (SUM)		3		7				CH ACCIE	_	\$																	
HIRED / BORROWED LIABILITY	YES STATES COST OF H								IF ANY BASIS						STAT	ES	# D	AYS	# VEH			$\vdash$	ERAGE COMP	/ DEI	UCTI	BLE	
	YES STATES					S	GROL	JP TYPE EMPLOYE	EQ	NUMBER			OF	HIRED PHYSICAL						İ			SPEC C OF L \$				
NON-OWNED LIABILITY								VOLUNTE						DAMAGE									COLL	Ψ			
	PART							PARTNER	S							COVE	RAGI	E IS:			F	RIMAF	₹Y		SECC	NDAF	RY
AUTO	(1) AN (2) AL (3) ON	L OV	VNEC			SSEN	GER AL	(4) OWNED AUTOS OTHER THAN P (5) ALL OWNED AUTOS WHICH REG SER AUTOS (6) OWNED AUTOS SUBJECT TO C						EQUIRE NO-FAULT COVERAGE (8) HIRED A								JTOS		SCH	EDULE	Ξ	
ENDORSEMENT	S/I	REN	IAR	KS	(AC	OR	D 101	l, Addit	ional Re	emark	ks Sche	du	ile, ma	y be attach	ned if r	nore	spa	ace	is r	equ	ired	)					
SIGNATURE																											
ANY APPLICANT (	COVI	EREI	) BY	ΑV	VAG	_						7														Y	/ / N
NAME OF PLAN						PE	RSON	COVEREI					NAME	OF PLAN					PEI	RSON	COV	ERED					
I HAVE HAD STA AVAILABLE OPTIC ALL FUTURE REN	ONS.	AND	LIM	IITS	EXF	PLAIN	NED TO	O ME. I	UNDERS'	TAND	THAT TH	łΕ	COVER	AGE SELEC	TION A	ND LI	IMIT	CHC	DICE								
IF YOU HAVE PUF A LOSS COVERED LOCATION OR A F	O UN	DER	YO	UR F	POL	ICY,	NEW '	YORK L	AW STAT																		
ANY PERSON WH STATEMENT OF C ANY FACT MATE PENALTIES NOT	CLAII RIAL	M CC . THI	ONTA ERE	AINII TO	NG A	ANY MMIT	MATE S A F	RIALLY RAUDU	FALSE IN LENT INS	NFORM SURAN	MATION O	DR -, ۱	CONCE WHICH	EALS FOR TI	HE PUR	POSI SUBJ	E OF	S SI	SLE/ UCH	ADIN I PE	IG, IN	NFOR	MATIC	N C	ONC	ERNI	NG
APPLICANT'S SIGNATU									DATE					SIGNATURE								NATIONAL PRODUCER NUMBER					

TRUCKERS SECTION													AGE	GENCY CUSTOMER ID:													
COVERAGES			D AL	JTO	SYM	BOLS					LIM	/ITS				PHYSICAL DAMAGE											
		41		4	6			С	SL	BI EA	PER	\$				COVERAG	GES	A	COVE UTO SY	RED MBO	LS			LIMIT	s		DEDUCTIBLE
LIABILITY	42 47						BII	EAC	CH ACC	IDENT		\$							42		47						
PERSONAL INJURY		43		5				OPE	ERTY D	AMAGE	· · · · · · · · · · · · · · · · · · ·				COMP/OTC	;		43		J						\$	
PERSONAL INJURY PROTECTION		44		4			\$					DED	\$						46	T	47		SCL		- T	LSP	
OBEL		44		4	ю			\$ WORK LOSS								SPECIFIED CAUSES OF	1000		42		47		SCL.	FTW LSP			\$
ADDITIONAL P.I.P.		46		_			'	HEF	R EXP	\$	***	DE	ATH NEFIT	\$		CAUSES OF		46		'						Ψ	
WORK LOSS COORD		44		4	-6			Y	ES			1	NO						42		47						
MEDICAL EXP ELIM		44		4	6		_	N	IAMED	NS ON	NS ONLY		NAMED II AND REL	NSUF ATIV	RED ES	COLLISION			43								\$
MEDICAL PAYMENTS		42		4	-6		EACH PERSON \$												46								
FATIVILIVIS		43		1	6											TOWING & LABOR			46			\$					
STATUTORY UNINSURED		43		46 CSL ŽA PER \$ BI EACH ACCIDENT \$															TERC	HAN	GE						
MOTORIST	43 BI EACH ACCIDENT \$									•				COVERAG	SY	MBOL	# TR	AILEF	s FAI	RTH NE	# DAYS RADIUS			DEDUCTIBLE			
SUPPLEMENTARY UNINSURED /		42		4	-6			С	SL _	BI EA	PER	\$				COMP / OTC	;		48								
UNDERINSURED		43					BI EACH ACCIDENT \$											49									
MOTORIST (SUM)		45 YES			STAT	E0	COST OF HIRE IF ANY BASIS								SPECIFIED CAUSES OF	1088		48									
NON-TRUCKERS HIRED / BORROWED		NO	5		SIAI	ES	CC \$	)ST (	OF HIR	E		IF #	ANY BAS	313		CAUGES OF	1033		49								
TRUCKERS		YES	 S	;	STATI	S	Ť	OST ·	OF HIR	E		IF A	ANY BAS	SIS		COLLISION			49								\$
HIRED / BORROWED LIABILITY		NO					\$									TRAILER VA	LUE	\$									
		YES	3	;	STATI	ES	GR	₹OU	P TYPE				NUME	BER (	OF		STA	TES	# 0	DAYS	#	VEH					
NON-OWNED AUTO	o 🗀						EMPLOYEES																				
LIABILITY							VOLUNTEERS PARTNERS								HIRED PHYSICAL												
OTHER								P.	ARTNE	RS						DAMAGE											
																		CO	VERAG	E IS:			P	RIMAR	Υ	s	ECONDARY
																OTHER	•										
(41) ANY AUTO	IBOL	S							D AUT				O-FAULT			ECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY											
(42) OWNED AUTOS (43) OWNED COMME			TOS	ONI	LY		CC	OMP	PULSOF DRIST L	RY UNIN					(48) TRA												
ENDORSEMENT						COR					al Re	mark	ks Sch	edu											.0.0	0 0.1.2.	
SIGNATURE	201/	EDE	ח פי	V 1	\ \\/\	2E C	ONT	INI	IATIO	NI DI A	N/2																Y/N
ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN?  NAME OF PLAN  PERSON COVERED														NAME	OF PLAN					PER	SON	cov	ERED			1710	
I HAVE HAD STA																											
AVAILABLE OPTIC																						SINE	DICA	ATED	HER	RE WILL	. APPLY TO
IF YOU HAVE PUR	RCH	ASE	D RI	EN.	TAL	VEHI(	CLE	RE	IMBU	RSEMI	ENT C	COVE	RAGE A	AND	YOUR	VEHICLE IS	DAMA	AGE	O AND	IS T	ЕМР	ORA	RILY	/ OUT	OF	SERVI	CE DUE TO
A LOSS COVERED											STATE	ES TH	IAT YOL	J HA	VE TH	E RIGHT TO	UTILIZ	ZE AI	NY RE	NTA	L VE	HICL	E C	OMP <i>A</i>	NY,	RENTA	AL VEHICLE
ANY PERSON WH				_							RAUD	) ANY	INSUR	ANC	E COM	IPANY OR C	THER	PER	RSON	FILE	S AN	APP	LIC	ATION	l FO	R INSU	RANCE OR
STATEMENT OF (	CLAI	МС	ONT	ΊΑ	NING	ANY	MA	TEF	RIALLY	FALS	SE INF	FORM	MATION	OR	CONC	EALS FOR T	HE PL	IRPC	SE O	F MIS	SLEA	DING	, IN	IFOR!	MATI	ION CO	NCERNING
PENALTIES NOT																								11 10	ON	vNAL	VIAD OIVIE
APPLICANT'S SIGNATI	JRE									DAT	E		1	PROI	DUCER'S	SIGNATURE					NATIONAL PRODUCES					UCER NUMBER	

MOTOR CARRIER SECTION  AGENCY CUSTOMER ID:																								
COVERAGES					SYM	BOLS		_			LIMITS	3								/SICAL	DAMAG	SE.		
		61		67				cs	SL	BI EA PI	R \$				COVE	RAGES	A	COVE UTO SY	RED MBO	LS		LIMITS		DEDUCTIBLE
LIABILITY		62		68	j		BH	EACH	H ACCIE	ENT	\$							62		67				
		63		71			PR	OPE	RTY DA	MAGE	\$				COMP / C	IC		63		68				\$
PERSONAL INJURY		64 65		67	Т,		•					-D &						64		67	SCI	. F1	LS	
PROTECTION OBEL		65		67 67	-		\$				DI	ED \$			SPECIFIE			63		68	F	FI		\$
ADDITIONAL		65		07			\$				WORK LOSS \$				CAUSES OF LOSS			64			—''	Ш.	**	Ψ
P.I.P.		67		ı			'	THER	EXP \$			DEATH BENEFIT						62		67				
WORK LOSS COORD		65		67				YE	S			NO			COLLISIC	N		63		68				\$
MEDICAL EXP ELIM		65		67	_			N.F	AMED IN	IS ONLY		NAMED AND RE	INSUR LATIVE	RED ES				64						
MEDICAL PAYMENTS		62		64			EA	ACH F	PERSON	l	\$				TOWING			63			\$			
TATMENTO		63		67				Τ.,		ВІ					& LABOR			67						
STATUTORY UNINSURED		62 63		66 67			DI I		BL H ACCIE	BI EA PI	ER \$				COVE	AGES	ev	MBOL			FARTI	NGE # DAYS	RADIUS	DEDUCTIBLE
MOTORIST		64		67			BII	EACI	H ACCIL	ENI	Ф						31	69	# 11	AILER	ZONE	#DATS	KADIO	DEDUCTIBLE
SUPPLEMENTARY		62		66	 ;			CS	SL	BI EA PI	R \$				COMP/C	TC		70						
UNINSURED / UNDERINSURED		63		67	,		BII		H ACCIE		\$				SPECIFIE	D		69						
MOTORIST (SUM)		64													CAUSES			70						
NON-TRUCKERS		YES		S	TAT	ES	co	)ST C	OF HIRE			IF ANY BA	SIS		COLLISIC	N.		69						\$
HIRED / BORROWED		NO					\$										<u> </u>	70						
TRUCKERS HIRED / BORROWED		YES NO		S	TATI	ES		)ST C	OF HIRE			IF ANY BA	SIS		TRAILER		\$ ATES	# [	AYS	#	VEH			
LIABILITY		YES		S	TAT	FS	\$		TVDE			NII II	MDED (	<b></b>	1	317	TILO	# L	7,713	#	VLII			
NON-OWNED		NO	'	Ü	1711		GR		YTYPE	EC		NUI	MBER (	JF	HIRED									
AUTO		NO							DLUNTE						PHYSICA									
LIABILITY								_							DAMAGE									
OTHER								PARTNERS   COVERA:														⊥ PRIMARY		SECONDARY
															OTHER									
COVERED AUTO SYM	BOL	5										S ONLY NO-FAUL			CIFICALLY		ED AL	JTOS		(70)				DSSESSION OF
(61) ANY AUTO (62) OWNED AUTOS (				<b></b>			66) O\	WNE	D AUTO	S SUBJI	ECT TO	A COMPL		(69) TRA	ED AUTOS	OUR POS				(7.1)	INTERC	HANGE A	GREEME	
(63) OWNED PRIVATE  ENDORSEMENT										RED MO			hodu		RAILER INT					. ,			TOS ONL	<u> </u>
ENDORSEMENT	3/	KEIV	IAN	. No	, (A	COR	ו ש	01,	Addit	ionai	Kein	arks SC	ileuu	ie, ilia	y De alla	icheu i	1110	ie sp	ace	15 16	quirec	')		
SIGNATURE																								
ANY APPLICANT (	COV	ERE	D B\	/ A	WA						?													Y/N
NAME OF PLAN								ON C	OVERE	0				NAME	OF PLAN					PERS				
I HAVE HAD STA	TUT	ODV		IINI	CLIE	ED I	MOT	ODI	CTC A	ND CII	DDI E	MENTAD	V 11N1	INICLIDI	ED / LINE	LDING	IDED	MOT	ODIC	TC /	SLIMA) (		OF INC	LIDING THE
I HAVE HAD STA AVAILABLE OPTIC ALL FUTURE REN	NS EW/	AND ALS,	CON	IITS IITI	S EX NUA	(PLAI	NED IS AI	) TO ND (	ME. I CHANG	UNDEF SES IN	RSTAN MY PO	ID THAT OLICY UN	THE (	COVER	AGE SEL	ECTION OTHERV	AND VISE	IN WR	CHO	DICES G.	INDIC	ATED H	ERE WII	L APPLY TO
IF YOU HAVE PUF A LOSS COVERED LOCATION OR A F	UN C	DER	YO	UR	PO	LICY	, NE\	W Y	ORK L	AW ST														
ANY PERSON WH																								
STATEMENT OF C ANY FACT MATE PENALTIES NOT T	RIAL	. THI	ERE	TO	CC	MMI	TS A	A FR	RAUDU	LENT	INSUF	RANCE A	CT, V	VHICH	IS A CR	ME AND	) SU	BJEC	rs s	UCH	PERŚC			
APPLICANT'S SIGNATU	JRE				_					DATE			PROD	DUCER'S	SIGNATUR	E						NATIO	NAL PRO	DUCER NUMBER