AGENCY CUSTOMER ID:

ACORD®	NEW MEXICO COMMERCIAL AUTO COVERAGES / LIMITS SECTION									
AGENCY		NAMED INSURED(S)								
POLICY NUMBER	EFFECTIVE DATE	CARRIER		NAIC CODE						

POLICY NUMBER							EFFE	CTIVE DATE	CARRIE	र											NAIC CODE				
BUSINESS AUT	o s	EC1	IOI	1									1												
COVERAGES	CO	VERE	D AL	JTO S	SYME	BOLS	<u> </u>			LIMITS	COVERA	GES	cov	/ERE	D AU	гоѕ	YMB	OLS	LIMITS						
		1		4		9		CSL	BI EA PER	\$															
LIABILITY		2		7			BI E	A ACC		\$											ــــــ				
		3		8			PRO	P DMG		\$															
																					<u> </u>				_
																	PHY	SICA	L DA	MAG	įΕ —				_
													TOWING & LABOR		3						\$				
													& LABOR		7			I. I .			+				
													COMP / OTC			2		4		8					
			_		_	_										3		7		\vdash	+				_
MEDICAL PAYMENTS		2		4		- 8	EAC	H PERSON	N	\$			SPECIFIED CAUSES OF		2		4		8						
		3		7					BLEA				CAUSES OF	1033		3		7		<u> </u>	+				
UNINSURED MOT		2	-	6				CSL	BI EA PER	\$			COLLISION			2		4		8					
STACKED		3		7				A ACC		\$	DED 4					3		7			+				_
NON-STKD		4					PRO	P DMG \$			DED \$														
																					1				_
HIRED / BORROWED YES STATES			S	COST OF HIRE IF ANY BASIS							STATE	S	# D/	AYS	# VEH			COV	/ERAGE	/ DED	UCTIBLE				
LIABILITY		NO \$							7 57.0.0											COMP	\$				
		YES STATES					GROUP TYPE NUMBER OF					HIRED									SPEC C OF L				
NON OWNED	NO				EMPLOYEES					PHYSICAL DAMAGE									COLL	\$					
NON-OWNED LIABILITY		_					VOLUNTEERS																		
						PARTNERS							С	COVERAGE IS:					F	PRIMA	RY	\Box	SECONDARY	_	
COVERED (1) AN			20.01						(4) OWNE				TE PASSENGE							SPEC	CIFICA	LLY DES	SCRIBI	ED AUTOS	
AUTO (2) OW SYMBOLS (3) OW					ENG	ER AL	JTOS (ONLY			OS SUBJECT ' OS SUBJECT '		UL I IPULSORY UNI	INSURED I	мотс	RIST	ΓS LA	Ν				FOS ONL ED AUTO		LY	
ENDORSEMEN	TS/	RE	MAF	RKS	(A	COR	D 10	1, Addi	tional F	Remai	rks Sched	ule, ma	y be attach	ned if m	ore	spa	ace i	s re	equi	red	i)				

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 AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. IF I HAVE SELECTED UM LIMITS LOWER THAN MY LIABILITY LIMITS, REJECTED UM COVERAGE, OR REJECTED UM STACKED COVERAGE, I HAVE SIGNED THE STATE SUPPLEMENT, ACORD 61 NM.

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

AGEN	\sim	\sim 11	CTC	ID.

TRUCKERS SECTION AGENCY COSTOWER ID.																					
COVERAGES	co	VERE	D AU	JTO SYMBOLS			LIN	MITS		PHYSICAL DAMAGE											
		41		46		CSL	BI EA PER	\$		COVERAG	GES	Α	COVE UTO S	RED	ıs		LIMITS		DEDUCTIBLE		
LIABILITY		42		47	BLE	ACH ACCID		\$					42		47						
Lindiciti		43		50		PERTY DA		\$		COMP / OTC	;		43		''				\$		
		43		30	FIX	JELKII DA	WIAGL	Ψ		1					-				Ψ		
													46	_		1		I I			
										SPECIFIED			42		47	SCL	FT FT	LSP			
										CAUSES OF	LOSS		43		J ļ	F	FT\	N	\$		
													46								
MEDICAL		42		46	E 4.0	CH PERSON		\$					42		47						
PAYMENTS		43			LAC	DITFLICTOR	_	Ψ		COLLISION			43						\$		
UNINSURED MOT		42		46		CSL	BI EA PER	\$					46								
STACKED		43			BIE	A ACC		\$		TOWING			46								
NON-STKD		45		_	PRO	OP DMG \$		DED \$		& LABOR						\$					
										TRAIL	ER IN	TERCHAN	IGE								
										COVERAG	GES	SY	MBOL				# DAYS	RADIUS	DEDUCTIBLE		
										OUTLAN	020	ļ .		7		ZUNE	DEDGGTIBLE				
		YES		STATES	00/	OT OF 1110E		JE 440/ D4	010	COMP / OTC	;		48								
NON-TRUCKERS HIRED / BORROWED		-		OTATEO		ST OF HIRE		IF ANY BA	1818			├-	49	+							
TRUCKERS		NO		074750	\$					SPECIFIED			48								
HIRED / BORROWED		YES		STATES	COS	ST OF HIRE		IF ANY BA	SIS	CAUSES OF	LUSS	<u> </u>	49	-							
LIABILITY		NO			\$					COLLISION			48						\$		
		YES	3	STATES	GR	OUP TYPE		NU	MBER OF	0022101011		<u> </u>	49								
NON-OWNED AUTO		NO				EMPLOYE	ES			TRAILER VA	LUE	\$									
LIABILITY						VOLUNTE	ERS				STA	TES	# [DAYS	#	VEH					
						PARTNER	S														
OTHER										HIRED											
										PHYSICAL DAMAGE											
										D7 11111 102											
										1		CO	VERAG	E IS:			RIMARY		SECONDARY		
										OTHER			VEIOTO	<i>J</i> L 10.					, COOI (D) (IC)		
OOVERED AUTO OVAR																					
(41) ANY AUTO	SOLS						SUBJECT 1	ΓΟ NO-FAULT ΓΟ A		DIFICALLY DES DIAUTOS ONL		TUA C	ros						SESSION OF A TRAILER		
(42) OWNED AUTOS O				, ,	COM	1PULSORY I	JNINSURED		(48) TRAII	LERS IN YOUR	POSSE					INTERCH	ANGE AG	REEMENT	7 TO WEEK		
(43) OWNED COMMER						ORIST LAW				AILER INTERC							NED AUTO	OS ONLY			
ENDORSEMENT	<u>'S/</u>	REN	//AR	RKS (ACOR	D 10	01, Addit	ional Re	marks Sc	hedule, ma	y be attac	hed if	mo	re sp	ace	is re	quired)				
SIGNATURE																					
ANY PERSON WE																			NTS FALSE		
I UNDERSTAND A	AND	AC.	KNC	WLEDGE TH	HAT	UNINSUR	ED MOTO	ORISTS (LI	M) BODILY I	NJURY (BI)	AND	PRC)PFR	ר אַן	AMA	GE (PD)	COVE	RAGES F	AVE BFFN		
EXPLAINED TO M	E. I	FIH	IAVE	SELECTED	UM I	LIMITS LC	WER THA														
HAVE SIGNED TH	E S	ΓΑΤΕ	SU	PPLEMENT,	ACO	RD 61 NM	<u>. </u>														
I UNDERSTAND T								HOICES IN	DICATED HE	RE WILL AF	PPLY 1	ГО А	LL FL	JTUR	E PO	LICY RI	NEWAL	.s, cont	INUATIONS		
AND CHANGES U	NLE	SS I	TON	TIFY YOU OT	HER	WISE IN V	VRITING.														
APPLICANT'S SIGNATU	JRE						DATE		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER		

ACENCY	CUSTOMER	ID:

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																						
COVERAGES	COVERED AUTO SYMBOLS LIMITS											PHYSICAL DAMAGE COVERED										
		61		67		CSL	BI EA PER	\$			COVERAG	GES	A	UTO S	YMBO	LS		LIMITS		DEDUCTIBLE		
LIABILITY		62		68	BIE	ACH ACCID	ENT	\$						62		67						
		63		71	PRC	PERTY DAM	//AGE	\$			COMP / OTC	:		63		68				\$		
		64											-	64								
											CDECIFIED			62		67	SCL	FT	LSP			
											SPECIFIED CAUSES OF	LOSS		63		68	F	FT\	V	\$		
													-	64	_							
														62		67						
											COLLISION			63		68				\$		
													+	64	+	+						
MEDICAL PAYMENTS		62		64	EAC	H PERSON		\$			TOWING & LABOR			63		_	\$					
		63		67		001	BI EA PER	•			a Enbort			67	TDAI	LEDINT	EDCUAR	ICE				
UNINSURED MOT		62 63		66 67		CSL	J PER	\$			COVERAG	256	ev	MBOL			FARTH ZONE		DEDUCTIBLE			
STACKED		64		67		A ACC OP DMG \$		\$	DED \$		COVERA	JES	31	69	# 15	MILER	ZONE	#DATS	RADIUS	DEDUCTIBLE		
NON-STKD		04			PRC	DP DIVIG \$			בי סבט		COMP / OTC	;		70								
														69								
											SPECIFIED CAUSES OF	LOSS		70								
NON-TRUCKERS		YES	3	STATES	COS	ST OF HIRE			IF ANY BAS	SIS				69								
HIRED / BORROWED		NO			\$	J. 0			/		COLLISION			70						\$		
TRUCKERS		YES	3	STATES	<u> </u>	ST OF HIRE			IF ANY BAS	SIS	TRAILER VA	LUE	\$									
HIRED / BORROWED LIABILITY		NO			\$							STA	ATES	#	DAYS	#	VEH					
		YES	3	STATES	GRO	OUP TYPE			NUM	IBER OF	1											
NON-OWNED		NO				EMPLOYE	≣S				HIRED											
AUTO LIABILITY						VOLUNTEE	RS				PHYSICAL DAMAGE											
						PARTNERS	6															
OTHER	OTHER												CO,	VERA	GE IS:		F	RIMARY	s	ECONDARY		
											OTHER											
COVERED AUTO SYME	BOLS					NED COMME					CIFICALLY DES		D AUT	os						SESSION OF		
(61) ANY AUTO (62) OWNED AUTOS O				(66)	OWN	NED AUTOS NED AUTOS	SUBJECT	TO A	COMPUL-	(69) TRAII	D AUTOS ONL LERS IN YOUR	POSSI				- 1	NTERCH	ANGE AG	REEMENT	A TRAILER		
(63) OWNED PRIVATE						Y UNINSUR					AILER INTERC					. ,		NED AUTO	OS ONLY			
ENDORSEMENT	S/	REN	/IAF	RKS (ACOR	D 10)1, Addit	ional Re	ema	arks Sch	edule, ma	y be attac	hed if	f mo	re sp	oace	is re	quired)				
SIGNATURE																						
ANY PERSON WI																				NTS FALSE		
I UNDERSTAND A EXPLAINED TO M HAVE SIGNED TH	E. II	FIH	AVE	SELECTED	UM I	LIMITS LO	WER TH															
I UNDERSTAND T AND CHANGES U									ICES IND	DICATED HE	RE WILL AF	PPLY .	TO A	LL F	JTUR	E POI	LICY RE	NEWAL	S, CONT	INUATIONS		
APPLICANT'S SIGNATI	JRE						DATE			PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER		