



AGENCY CUSTOMER ID: _____

**DISTRICT OF COLUMBIA 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	2	\$ DED \$					
	7	\$ WK LOSS \$ MEDICAL FUNERAL					
			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 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COLLISION	2 4 8 3 7			
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ 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					
		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	COVERAGE IS:		PRIMARY	SECONDARY	

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 ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF UNDERINSURED MOTORISTS LIMITS ARE NOT INDICATED, I HAVE ELECTED NOT TO PURCHASE THIS COVERAGE.

I HAVE ALSO BEEN OFFERED OPTIONAL PERSONAL INJURY PROTECTION COVERAGES. I HAVE REJECTED THE FOLLOWING:

1. AUTO MEDICAL EXPENSE COVERAGE _____ (INITIALS) 3. FUNERAL EXPENSE COVERAGE _____ (INITIALS)
2. WORK LOSS COVERAGE _____ (INITIALS)

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						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/>		\$			
	42 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>					
	43 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>					
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	\$ DED <input type="checkbox"/> \$ MEDICAL FUNERAL	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
	46 <input type="checkbox"/>	\$ WK LOSS <input type="checkbox"/> \$		43 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>				
					46 <input type="checkbox"/>		F <input type="checkbox"/> FTW <input type="checkbox"/>		
MEDICAL PAYMENTS	42 <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"/>					
UNINSURED MOTORIST	42 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	46 <input type="checkbox"/>	\$				
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$							
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$							
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$	COMP / OTC	48 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		49 <input type="checkbox"/>					
	NO	\$							
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		48 <input type="checkbox"/>					
	NO	\$		49 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	COLLISION	48 <input type="checkbox"/>					\$
	NO	NUMBER OF		49 <input type="checkbox"/>					
		EMPLOYEES	TRAILER VALUE	\$					
		VOLUNTEERS							
OTHER		PARTNERS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
			OTHER						
<div style="display: flex; justify-content: space-between;"> <div> COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY </div> <div> (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW </div> <div> (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT </div> <div> (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY </div> </div>									

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

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1. AUTO MEDICAL EXPENSE COVERAGE _____ (INITIALS)

3. FUNERAL EXPENSE COVERAGE _____ (INITIALS)

2. WORK LOSS COVERAGE _____ (INITIALS)

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE										
LIABILITY	61	67	CSL	BI EA PER	\$	COMP / OTC	62	67			\$		
	62	68		BI EACH ACCIDENT	\$		63	68					
	63	71		PROPERTY DAMAGE	\$		64						
	64												
PERSONAL INJURY PROTECTION	65		\$	DED	\$	MEDICAL FUNERAL	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67		\$		WK LOSS			\$	63	68	F	FTW	
							COLLISION	62	67				\$
								63	68				
								64					
MEDICAL PAYMENTS	62	64		EACH PERSON	\$		TOWING & LABOR	63		\$			
	63	67						67					
UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE							
	63	67		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64			PROPERTY DAMAGE	\$	COMP / OTC	69						
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$		70						
	63	67		BI EACH ACCIDENT	\$	SPECIFIED CAUSES OF LOSS	69						
	64			PROPERTY DAMAGE	\$		70						
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			\$									
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE		NUMBER OF	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO			EMPLOYEES									
				VOLUNTEERS									
				PARTNERS									
OTHER													
<div style="display: flex; justify-content: space-between;"> <div> COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY </div> <div> (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW </div> <div> (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT </div> <div> (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY </div> </div>													

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