



AGENCY CUSTOMER ID: _____

**RHODE ISLAND 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 \$				
			PHYSICAL DAMAGE			
			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 / UNDERINSURED MOTORIST	2 6	CSL (BI Only) EA ACC \$	COLLISION	2 4 8		
	3 7	CSL (BI PD) EA ACC \$		3 7		
	4	BI EA PER \$ EA ACC \$				
		PD EA ACC \$				
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 NUMBER OF		EMPLOYEES VOLUNTEERS PARTNERS	COMP \$ SPEC C OF L \$ COLL \$	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	

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 UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:

1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION _____ (INITIALS)

2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE UP TO THE BODILY INJURY LIMITS IN MY POLICY. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT, ACORD 61 RI. IN ADDITION, I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.

1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)

2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)

3. I REJECT UM/UIM PD COVERAGE _____ (INITIALS)

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
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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>		\$		
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>					
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>					
				SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$		
					43 <input type="checkbox"/>		<input type="checkbox"/> F <input type="checkbox"/> FTW			
					46 <input type="checkbox"/>					
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <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 / UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL (BI Only) EA ACC \$	TOWING & LABOR	46 <input type="checkbox"/>		\$			
	43 <input type="checkbox"/>		CSL (BI PD) EA ACC \$							
	45 <input type="checkbox"/>		BI EA PER \$ EA ACC \$							
			PD EA ACC \$	TRAILER INTERCHANGE						
				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COMP / OTC	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>		\$		49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>		\$		49 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	COLLISION	48 <input type="checkbox"/>					\$
	NO <input type="checkbox"/>		NUMBER OF		49 <input type="checkbox"/>					
			EMPLOYEES	HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH		
			VOLUNTEERS							
			PARTNERS							
OTHER										
					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

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

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I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:
 1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION _____ (INITIALS)
 2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE UP TO THE BODILY INJURY LIMITS IN MY POLICY. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT, ACORD 61 RI. IN ADDITION, I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.
 1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)
 2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)
 3. I REJECT UM/UIM PD COVERAGE _____ (INITIALS)

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.

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE													
LIABILITY	61 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE								
	62 <input type="checkbox"/>	68 <input type="checkbox"/>	BI EACH ACCIDENT \$		COMP / OTC	62 <input type="checkbox"/>			67 <input type="checkbox"/>							
	63 <input type="checkbox"/>	71 <input type="checkbox"/>	PROPERTY DAMAGE \$			63 <input type="checkbox"/>			68 <input type="checkbox"/>							
	64 <input type="checkbox"/>					64 <input type="checkbox"/>										
				SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$								
					63 <input type="checkbox"/>	68 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW									
					64 <input type="checkbox"/>											
				COLLISION	62 <input type="checkbox"/>	67 <input type="checkbox"/>		\$								
					63 <input type="checkbox"/>	68 <input type="checkbox"/>										
					64 <input type="checkbox"/>											
MEDICAL PAYMENTS	62 <input type="checkbox"/>	64 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>		\$									
UNINSURED / UNDERINSURED MOTORIST	63 <input type="checkbox"/>	67 <input type="checkbox"/>		TRAILER INTERCHANGE												
	62 <input type="checkbox"/>	66 <input type="checkbox"/>	CSL (BI Only) EA ACC \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE						
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	CSL (BI PD) EA ACC \$								COMP / OTC	69 <input type="checkbox"/>				
	64 <input type="checkbox"/>		BI EA PER \$ EA ACC \$									70 <input type="checkbox"/>				
			PD EA ACC \$	SPECIFIED CAUSES OF LOSS	69 <input type="checkbox"/>											
					70 <input type="checkbox"/>											
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69 <input type="checkbox"/>					\$						
	NO <input type="checkbox"/>				70 <input type="checkbox"/>											
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH									
	NO <input type="checkbox"/>															
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE		NUMBER OF											
	NO <input type="checkbox"/>		EMPLOYEES													
			VOLUNTEERS													
			PARTNERS													
OTHER				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 COMPULSORY UNINSURED MOTORIST LAW (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT INTERCHANGE AGREEMENT
 (71) NON-OWNED AUTOS ONLY

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 1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS) 3. I REJECT UM/UIM PD COVERAGE _____ (INITIALS)
 2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)

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.

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