



AGENCY CUSTOMER ID: _____

**VERMONT 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 MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8 3 7	
	3 7	BI EACH ACCIDENT \$			
	4	PROPERTY DAMAGE \$ \$ DED			
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				
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**

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME, AND THAT I HAVE BEEN OFFERED UM COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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"/>	46 <input type="checkbox"/>	COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
	42 <input type="checkbox"/>	47 <input type="checkbox"/>		43 <input type="checkbox"/>	46 <input type="checkbox"/>				
	43 <input type="checkbox"/>	50 <input type="checkbox"/>		42 <input type="checkbox"/>	47 <input type="checkbox"/>				
			SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
				43 <input type="checkbox"/>	46 <input type="checkbox"/>				
				42 <input type="checkbox"/>	47 <input type="checkbox"/>				
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
	43 <input type="checkbox"/>			43 <input type="checkbox"/>	46 <input type="checkbox"/>				
	42 <input type="checkbox"/>	46 <input type="checkbox"/>		46 <input type="checkbox"/>					
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	TOWING & LABOR	46 <input type="checkbox"/>	\$				
	43 <input type="checkbox"/>								
	45 <input type="checkbox"/>								
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COMP / OTC	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>			49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	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	COLLISION	48 <input type="checkbox"/>					\$
	NO <input type="checkbox"/>			49 <input type="checkbox"/>					
			TRAILER VALUE \$						
OTHER			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
			COVERAGE IS:			PRIMARY		SECONDARY	
			OTHER						

COVERED AUTO SYMBOLS

(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS
(42) OWNED AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY
(43) OWNED COMMERCIAL 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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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

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