AGENCY CUSTOMER ID:

ACORD®

CALIFORNIA COMMERCIAL AUTO

DATE	(MM/DD	WWW
DAIL		,,,,,,

ACORD	'								COV	ER/	AGES/	LIN	MITS S	SECTION	1									(,
AGENCY													NAMEDI	NSURED(S)											
POLICY NUMBER									EFFECTIVE DATE CARRIER					२				NAI	C CODE						
BUSINESS AUTO SECTION																									
COVERAGES	COVERED AUTO SYMBOLS									LIMITS	s			COVERA	AGES	cov	/ERE	D AUT	O SY	MBOL	s		L	IMITS	
LIABILITY		1 2		4		9		SL _		ER \$															
LIABILIT		3		8				ERTY D		\$															
																		PHYS	ICAL	DAM	AGE				
														TOWING & LABOR			3 7				\$	i			
														COMP / OTC	;		2 3		4 7		3				
MEDICAL PAYMENTS		2 3		4 7		8	EACH	PERSOI		\$				SPECIFIED CAUSES OF	LOSS		2 3		4 7		3				
UNINSURED		2 3		6 7				SL SH ACCI	_	ER \$				COLLISION WAIVE DEDUC	R OF		2 3		4 7		3				
MOTORIST		4					PROPE	ERTY D	AMAGE	\$							•			'					
HIRED / BORROWED LIABILITY		YES NO		ST	ATE	S		OF HIRE	E		IF ANY BAS	SIS			STATE	S	# DA	YS	#	VEH	0	COVERA		EDUCT	BLE
	YES		ST	ATE	s	\$ GROUI	P TYPE		NUMBER OF				HIRED						SPE C O		\$ \$				
NON-OWNED LIABILITY		NO				EMPLOYEES VOLUNTEERS							PHYSICAL DAMAGE							F	COI		\$		
	PARTNERS								-	(OVE	RAGE	IS:			PRI	MARY		SEC	ONDARY					
COVERED (1) ANY AUTO (2) OWN SYMBOLS (3) OWN	NED A	UTOS			ENGI	ER AL	JTOS ON	ILY	(5) OWN	IED AU	JTOS SUBJE	ECT T	TO NO-FA	TE PASSENG ULT IPULSORY UN				S LAW		(8) HI	RED A	ICALLY I AUTOS (WNED A	ONLY		UTOS
ENDORSEMENT	S/I	REM	AR	KS	(AC	COR	D 101,	, Addi	itional	Rem	arks Sch	nedu	ıle, ma	y be attac	hed if m	ore	spa	ce is	re	quir	ed)				
SIGNATURE																									
AN INSURER WH STATEMENT OF T ONE VIOLATION F	HE I	REAS	SON	IS IT	DE	NIE	COVE	RAGE	. IN GEI	NERA	L, UNDER	R CA	LIFORN	IA LAW A G	OOD DR	IVER	IS A	PER	OS	N WH	ЮН	AS NO			
I UNDERSTAND A OPTIONS OF SEL REJECTED UMBI SUPPLEMENT, AC	LECT COV	ING /ERA	EIT GE	HER	R UN	иві I	LIMITS	LOWE	R THAI	N MY	BODILY	INJU	JRY LIA	BILITY LIMI	TS, OŔ I	REJE	CTIN	NG U	MBI	CO/	/ERA	GE EN	NTIRE	LY. IF	I HAVE
I ALSO UNDERST HAVE THE OPTIO I HAVE READ AND	NS C	OF SE	ELE	CTIN	NG C	OR R	EJECTI	NG TH	HIS COV	'ERAC	GE FOR O	NE C	OR MOR	E VEHICLE	S. I HAV	E MA									
IN ADDITION, I HA THIS OPTION.	VE E	BEEN	I OF	FEF	RED	WAI	IVER OI	F COL	LISION	DEDL	JCTIBLE. I	IF TH	HIS OPT	ION IS NOT	INDICAT	ED (T NC	HIS A	\PPL	LICA	ΓΙΟN	, THEN	N I HA	VE RE	JECTED
I UNDERSTAND T RENEWALS, CON															Y STATE	SUF	PPLE	MEN	TW	ILL A	PPL'	Y TO A	LL FU	JTURE	POLICY
APPLICANT'S SIGNATU	JRE								DATE			PRO	DUCER'S	SIGNATURE								NATION	NAL PR	ODUCE	R NUMBER

ACORD 137 CA (2015/12)

AGENCY CUSTOMER ID:

TRUCKERS SECTION AGENCY CUSTOMER ID:																					
COVERAGES	co	VERE	D AL	JTO SYMBOLS		LIMITS	s		PHYSICAL DAMAGE												
		41		46	CSL	BI EA PER \$			COVERA	GES	AL	COVE JTO SY	ERED (MBO	LS		LIMITS		DEDUCTIBLE			
LIABILITY		42		47	BI EACH ACCI	DENT \$						42		47							
		43		50	PROPERTY DA	AMAGE \$		COMP / OTO			43						\$				
												46									
												42		47	SCL	FT	LSP				
									SPECIFIED CAUSES OF	LOSS		43			F	FT\	v	\$			
												46									
MEDICAL		42		46					COLLISION			42		47							
PAYMENTS		43			EACH PERSON	١ \$						43						\$			
		42		46	CSL	BI EA PER \$			WAIVE DEDUC	R OF CTIBLE		46									
UNINSURED MOTORIST		43			BI EACH ACCI	DENT \$			TOWING			46									
MOTORIOT		45			PROPERTY DA	AMAGE \$			& LABOR						\$						
	THE ENTRY OF									TRAILER INTERCHANGE											
									COVERAGES SYMBOL #TRA						S FARTH ZONE	DEDUCTIBLE					
									COMP / OTC			48									
NON-TRUCKERS		YES	3	STATES	COST OF HIRE		IF ANY BA	ASIS	COIVII / OTC			49									
HIRED / BORROWED		NO			\$				SPECIFIED			48									
TRUCKERS HIRED / BORROWED		YES	3	STATES	COST OF HIRE		IF ANY BA	ASIS	CAUSES OF	LOSS		49									
LIABILITY		NO			\$				COLLISION			48									
		YES	3	STATES	GROUP TYPE		NUI	MBER OF	WAIVE DEDUC		49						\$				
NON-OWNED AUTO		NO			EMPLOYI	EES			TRAILER VA	ALUE	\$										
LIABILITY					VOLUNTE	ERS				STA	ATES	# 0	DAYS	#	VEH						
					PARTNER	RS															
OTHER									HIRED												
									PHYSICAL DAMAGE												
											COV	/ERAG	E IS:			PRIMARY		SECONDARY			
									OTHER												
COVERED AUTO SYME	BOLS				OWNED AUTO				IFICALLY DES		D AUT	os						SESSION OF			
(41) ANY AUTO (42) OWNED AUTOS O	NLY			(45)	OWNED AUTO: COMPULSORY		A		D AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER LERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT												
(43) OWNED COMMER					MOTORIST LAV				AILER INTERC					. ,		NED AUT	OS ONLY				
ENDORSEMENT	<u>s/</u>	REN	ИAF	RKS (ACOR	D 101, Addi	tional Rema	arks Sc	hedule, ma	y be attac	hed if	moı	re sp	ace	is re	quired	l)					
CICNIATURE																					
SIGNATURE																					
AN INSURER WH																					
ONE VIOLATION F)	TORL TIPUT			
LUNDEDCTAND	MD	A C1/	(NIO)	MI EDOE THE	AT LINUNCLIDE	D MOTORIC	TC DOD!	1.	201/504.05	/LIMDI) IIA	C DE	-N. O	CCCC)	N4E AN	D TUAT 1				
I UNDERSTAND A OPTIONS OF SEL																					
REJECTED UMBI					TED UMBI LIN	IITS LOWER	THAN M	IY BODILY IN	IJURY LIAB	BILITY I	LIMIT	S, I I	HAVE	ALS	O SIGN	IED THE	CALIFO	RNIA AUTO			
SUPPLEMENT, AC					SE TILAT LINUS	1011050 140	TODIOTO		5.11.05.6	00 (ED		() IS 45					TO 145	AND THAT !			
I ALSO UNDERST HAVE THE OPTIO																					
I HAVE READ AND																J	210	,			
IN ADDITION, I HA	AVE	BEE	N O	FFERED WAI	VER OF COL	LISION DEDU	JCTIBLE.	IF THIS OPT	ION IS NOT	INDIC	ATE	O ON	THIS	APF	LICATIO	ON, THE	N I HAVE	REJECTED			
THIS OPTION.																					
I UNDERSTAND T										NY STA	TE S	UPPL	EME	NT V	ILL API	PLY TO A	ALL FUTU	IRE POLICY			
RENEWALS, CON		JA I I	UNS	AND CHAN	JES UNLESS		U UTHER									_					
APPLICANT'S SIGNATU	JRE					DATE		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER			
i						1		ĺ								1					

ACENCY	CUSTOMER	יחו כ
AGENCI	CUSICIVIER	VID.

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																						
COVERAGES	co	VERE	D AL	JTO SYMBOLS				MITS		PHYSICAL DAMAGE COVERED												
		61		67		CSL	BI EA PER	\$		COVERA	GES	AL	TO SY	MBOI	LS		LIMITS		DEDUCTIBLE			
LIABILITY		62		68	BIE	ACH ACCIDE	ENT	\$					62		67							
		63		71	PRO	PROPERTY DAMAGE \$			COMP / OTO	,		63		68				\$				
		64											64		67	SCI		LSP				
										SPECIFIED			62 63		67	SCL	FT		\$			
										CAUSES OF	LOSS		64		- 00		FIV	1	\$			
													62		67							
										COLLISION			63		68				\$			
										WAIVE	R OF CTIBLE		64									
MEDICAL		62		64	EAC	CH PERSON		\$		TOWING			63] [,	\$						
PAYMENTS		63		67	LAC	DITPERSON	DI			& LABOR			67			Ψ						
UNINSURED		62		66		CSL	BI EA PER	\$								ERCHAN						
MOTORIST		63		67		ACH ACCIDE		\$		COVERA	GES	SYN		#TR	AILERS	FARTH	# DAYS	RADIUS	DEDUCTIBLE			
		64			PRO	OPERTY DAN	IAGE	\$		COMP / OTO			69									
												70										
										SPECIFIED CAUSES OF	LOSS		69 70									
NON-TRUCKERS		YES	3	STATES	cos	ST OF HIRE		IF AN	/ BASIS	COLLISION	LISION		69									
HIRED / BORROWED		NO			\$					WAIVE	R OF CTIBLE		70						\$			
TRUCKERS HIRED / BORROWED		YES	3	STATES	cos	ST OF HIRE		IF AN	/ BASIS	TRAILER VA		\$										
LIABILITY		NO			\$						STA	ATES	# D	AYS	# '	VEH						
		YES	6	STATES	GR	OUP TYPE			NUMBER OF	4												
NON-OWNED AUTO		NO				EMPLOYEE				HIRED PHYSICAL												
LIABILITY						VOLUNTEE				DAMAGE												
OTHER						PARTNERS	i			+		CO1/	EDACI	- IC.			DIMADY		TCONDADY			
011. <u>E</u> 1.										OTHER			ERAGI	E 15:		1 1	PRIMARY	8	ECONDARY			
COVERED AUTO SYME	BOLS			(64)	1WO (NED COMME	RCIAL AUT	TOS ONLY	(67) SPE	CIFICALLY DES	SCRIBE	D AUT	os		(70) Y	—— ′OUR TR	AILERS IN	THE POS	SESSION OF			
(61) ANY AUTO (62) OWNED AUTOS O	NI Y			(65)	WO (NED AUTOS	SUBJECT :	TO NO-FA	ULT (68) HIRE	D AUTOS ONL	_Y			FR		NOTHE	R TRUCKE		A TRAILER			
(63) OWNED PRIVATE		AUT	os c			Y UNINSURE				AILER INTERC							NED AUTO					
ENDORSEMENT	S/	REN	IAF	RKS (ACOR	D 10	01, Additi	onal Re	marks	Schedule, ma	ay be attac	hed if	mor	e spa	ace	is red	quired)					
0.001.7																						
SIGNATURE																						
AN INSURER WE STATEMENT OF 1																						
ONE VIOLATION F	POIN	T OF	R MC	ORE THAN O	NE A	T-FAULT A	CCIDEN	IT RÉSU	TING IN ONLY	PROPERTY	DAMA	GE IN	I THE	LAS	T THE	REE YE	ARS.					
I UNDERSTAND A	ND	ACK	NO\	WLEDGE TH	AT U	NINSURED	MOTOF	RISTS B	ODILY INJURY	COVERAGE	(UMBI) HAS	BEE	N O	FFER	ED TO	ME. ANI	THAT I	HAVE THE			
OPTIONS OF SEI	_EC1	ING	ΕIT	THER UMBI L	_IMIT	S LOWER	THAN N	MY BOD	LY INJURY LIA	ABILITY LIMI	TS, OF	Ŕ RE	JECTI	NG	UMBI	COVE	RAGE EI	NTIRELY	. IF I HAVE			
REJECTED UMBI SUPPLEMENT, AC					ΕD	OMRI LIMI	IS LOWE	EK IHAI	N MA RODILA I	NJUKY LIAE	SILIIY I	LIIVII I	5, I F	IAVE	: ALS(JSIGN	ED IHE	CALIFO	KNIA AUTO			
I ALSO UNDERST																						
HAVE THE OPTIO													/ADE	MY :	SELE	CTION	ON THIS	APPLICA	ATION, AND			
IN ADDITION, I HA										•			ON -	THIS	APPL	LICATIO	N, THEN	N I HAVE	REJECTED			
THIS OPTION.	_		_		、												, 					
I UNDERSTAND T											IY STA	TE S	JPPLI	ЕМЕ	NT WI	ILL APF	LY TO A	LL FUTL	IRE POLICY			
RENEWALS, CON		JATIO	SNC	S AND CHANG	GES			YOU OT														
APPLICANT'S SIGNATI	JRE						DATE		PRODUCER'	S SIGNATURE							NATIO	NAL PROD	UCER NUMBER			