AGENCY CUSTOMER ID:

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ACORD	R
ACOND	

MONTANA COMMERCIAL AUTO

DATE	(MM/DD/YYYY)

ACORD								COVE	ERAG	SES/L	MITS	SECTION	N									_ (,
AGENCY	_										NAMED	D INSURED(S)											
POLICY NUMBER	POLICY NUMBER EFF										CARRII	ΞR						1	NAIC CODE				
BUSINESS AUTO SECTION																							
COVERAGES		ERED A		SYM	BOLS	T		ı	LIMITS			COVER	AGES	co	VERE	D AU	го ѕ	YMBC	LS			IMIT	S
		1	4		9		CSL	BI EA PEI	R \$														
LIABILITY		2	7			BIEA	CH ACCII		\$														
		3	8			PROF	PERTY DA	MAGE	\$			-											
																PHY	SICA	L DAI	MAG	 E			
												TOWING			3								
												& LABOR			7					\$			
												COMP / OTO	· · · · · · · · · · · · · · · · · · ·		3		4 7		8				
MEDICAL PAYMENTS		2	4 7		8	EACH	I PERSON	١	\$			SPECIFIED CAUSES OF	LOSS		2		4 7		8				
UNINSURED MOTORIST		2	6				CSL _	BI EA PEI				COLLISION			2		4		8				
STKD NON- STKD		3 4	7			BI EA	CH ACCII		\$						3		7						
UNDERINSURED MOTORIST STKD		2	6				CSL	BI EA PEI	R \$														
NON- STKD		3 4				DI EA	CH ACCII	JENI	•														
HIRED / BORROWED LIABILITY	YES STATES COST OF HIF							[IF /		STATI	ES # DAYS			‡	¥ VEH		COVERAGE / DEDUCTIBLE COMP \$					
		YES	S	STATE	ES		GROUP TYPE NUMBER OF													SPEC C OF L \$			
NON-OWNED		NO				EMPLOYEES						PHYSICAL DAMAGE								COLL \$			
LIABILITY						,	VOLUNTEERS																
							PARTNEF						COVERAGE IS:					_	RIMAR		_	ECONDARY	
COVERED (1) ANY AUTO (2) OWN	NED AL	JTOS ((5) OWNE	D AUTO	S SUBJECT	TO NO-F							(8) H	IIRE	OTUA	S ONLY		D AUTOS
SYMBOLS (3) OWN								• •				MPULSORY UN						- ' '			AUTOS	ONL	Y
ENDORSEMENT	5 / K	EMA	KK	5 (A	COR	LD 101	i, Addi	tional F	kemark	ks Sched	iuie, m	ay be attac	nea it n	nore	spa	ice i	s re	equi	rea)			
SIGNATURE				—																			
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I ACKNOWLEDGE LIMITS INDICATED																UIM)				. IHA\	'E SELE	ECTE	ED THE
I ACKNOWLEDGE							HE FOLI	LOWING	OPTION									GE.					
UM STACKED COV												D COVERAG											
UM NON-STACKED						-	-	רוואוד	CHOIC			ACKED COVE							/ Pr	NEW/	\\\ \C \(\cdot \)	ארדי	NILIATIONS
AND CHANGES U	NLES							WRITING					FFLT IC	ALL	01	IUKE	. ۲)LIC	ı KE				
APPLICANT'S SIGNATU	JRE							DATE		PR	ODUCER'	S SIGNATURE								NATI	ONAL PI	RODU	JCER NUMBER

ACORD 137 MT (2015/12)

ACENCY	CUSTOMER II	n.
AGENCI	CUSTOMERII	

TRUCKERS SECTION											AGENCY CUSTOMER ID:											
COVERAGES	co	VERE	D AU	JTO SYME	BOLS				IMITS		PHYSICAL DAMAGE											
		41		46	╛┊		CSL	BI EA PER	₹ \$			COVERA	GES	A	COVERED UTO SYMBOLS					LIMITS		DEDUCTIBLE
LIABILITY		42		47		BIE	ACH ACCI	DENT	\$						42		47					
		43		50		PRC	PERTY DA	AMAGE	\$			COMP / OTC		43							\$	
														L	46							
															42		47		SCL	FT	LSI	
												SPECIFIED CAUSES OF	LOSS		43				F	FT\	V	\$
															46							
MEDICAL		42		46		F 4 C	NI DEDCO	N	œ.						42		47					
PAYMENTS		43				EAC	H PERSOI		\$			COLLISION		43							\$	
UNINSURED MOTORIST		42		46			CSL	BI EA PER	\$					L	46							
STKD		43				BI E	ACH ACCI	DENT	\$			TOWING			46			\$				
NON- STKD		45		_				1				& LABOR						Ψ				
UNDERINSURED MOTORIST		42		46			CSL	BI EA PER	\$							TRAIL						
STKD NON-		43				BI E	ACH ACCI	DENT	\$			COVERA	GES	SY	MBOL	# TR	AILEF	RS Z	NE	# DAYS	RADIUS	DEDUCTIBLE
STKD		45										COMP / OTC			48							
NON-TRUCKERS		YES		STAT	ES	COS	ST OF HIRE	E L	IF	ANY BA	SIS			L	49			_				
HIRED / BORROWED		NO				\$						SPECIFIED			48							
TRUCKERS HIRED / BORROWED		YES		STAT	ES	COS	ST OF HIRE	E [IF	ANY BA	SIS	CAUSES OF	LOSS	_	49							
LIABILITY		NO				\$						COLLISION		48							\$	
NON OWNER		YES		STATE	ES	GRO	OUP TYPE		г	NUN	/BER OF			Ļ.	49							
NON-OWNED AUTO		NO			-		EMPLOY	EES	L			TRAILER VA		\$		241/0						
LIABILITY					-	_	VOLUNTE		H			-	517	ATES	# 1	DAYS	7	# VEH				
OTHER							PARTNER	RS														
OTHER												PHYSICAL	HIRED PHYSICAL									
												DAMAGE										
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												OTHER		1	VERAC	E IS:		\perp	P	RIMARY		SECONDARY
												J THE I										
COVERED AUTO SYME	201 8				(44)	0144		0.0110.1507	- TO N		(40) 005		200105				(40)					2050000000
(41) ANY AUTO					(45)	OWN	WNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY AND									ANO	THEF	RAILERS IN THE POSSESSION OF ER TRUCKER UNDER A TRAILER				
(42) OWNED AUTOS O (43) OWNED COMMER		AUTO	os o	NLY			IPULSORY ORIST LAV	'UNINSURE W	ED			ILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT RAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY										
ENDORSEMENT									emar	ks Scl	nedule. ma	v be attac	hed if	mo	re sr	ace	• •					
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SIGNATURE																						
I ACKNOWLEDGE LIMITS INDICATED																(UIM	,			IHAVE	SELEC	TED THE
I ACKNOWLEDGE	I ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING OPTIONS WITH RESPECT TO UM COVERAGE AND UIM COVERAGE.																					
UM STACKED COV							•					O COVERAG				•	•					
UM NON-STACKE) CC	VER	AGE	■		(i	nitials)			L	IIM NON-STA	ACKED COVE	ERAGE	_			_ (init	ials)				
I UNDERSTAND T AND CHANGES U										CES INI	DICATED HE	ERE WILL AI	PPLY	ГО А	LL FU	JTUR	E PC	DLICY	/ RE	NEWAI	.S, CON	TINUATIONS
APPLICANT'S SIGNATI	JRE							DATE			PRODUCER'S	SIGNATURE								NATIO	NAL PROI	DUCER NUMBER

AGENO	'V AII	ED ID.
AGENU	, T GU	EK ID:

MOTOR CARRIER SECTION																				
COVERAGES	COVERED AUTO SYMBOLS						LIF	PHYSICAL DAMAGE												
		61		67		CSL	BI EA PER	\$		COVERA	GES	AL	COVE JTO SY	RED MBO	LS		LIMITS		DEDUCTIBLE	
		62		68	BI E	ACH ACCID	_	\$					62		67					
LIABILITY		63		71		PERTY DA		\$		COMP / OTC			63		68				\$	
		64						*					64		1				ľ	
		01	1										62		67	SCL	FT	LSP		
										SPECIFIED					1	F	FTW		•	
										CAUSES OF	LOSS		63		68		FIW	,	\$	
													64							
													62		67					
										COLLISION			63		68				\$	
													64							
MEDICAL PAYMENTS		62		64	EAC	H PERSON		\$		TOWING & LABOR			63		J ;	\$				
UNINSURED		63		67			BI			& LABOR			67							
MOTORIST -		62	_	66	_	CSL	BI EA PER					_				ERCHAN FARTH				
STKD NON-		63		67	BI E	ACH ACCID	ENT	\$		COVERA	GES	SY	MBOL	# TR	AILERS	ZONE	# DAYS	RADIUS	DEDUCTIBLE	
STKD		64	_		-		l DI			COMP / OTC			69							
UNDERINSURED MOTORIST		62		66		CSL	BI EA PER	\$					70			-				
STKD NON-		63	_	67	BI E	ACH ACCID	ENT	\$		SPECIFIED			69							
STKD		64								CAUSES OF	LOSS		70	_						
NON-TRUCKERS		YE	S	STATES	cos	T OF HIRE	L	IF ANY	BASIS	COLLISION			69						\$	
HIRED / BORROWED		NO			\$					COLLIGIOIN			70						,	
TRUCKERS HIRED / BORROWED		YES	S	STATES	cos	T OF HIRE		IF ANY	BASIS	TRAILER VA	LUE	\$								
LIABILITY		NO			\$						STA	ATES	# [DAYS	# '	√EH				
		YES	S	STATES	GRC	UP TYPE		N	IUMBER OF											
NON-OWNED		NO				EMPLOYE	ES			HIRED										
AUTO LIABILITY						VOLUNTE	ERS			PHYSICAL DAMAGE										
						PARTNER	S													
OTHER												CO\	/ERAG	E IS:		F	PRIMARY	s	ECONDARY	
										OTHER										
COVERED AUTO SYME	BOLS			(64)) OWN	ED COMM	ERCIAL AU	TOS ONLY	(67) SPE	CIFICALLY DES	SCRIBE	D AUT	os		(70) Y	OUR TR	AILERS IN	THE POS	SESSION OF	
(61) ANY AUTO	NII V			(65)	OWN	ED AUTOS	SUBJECT	TO NO-FAU	LT (68) HIRE	ED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER ILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT										
(62) OWNED AUTOS O (63) OWNED PRIVATE			ros (ED MOTOF	TO A COMP RIST LAW		AILER INTERC							NED AUTO			
ENDORSEMENT	s/	REI	MAF	RKS (ACOR	D 10	1, Addit	ional Re	marks S	chedule, ma	y be attac	hed if	moi	re sp	ace	is red	uired)			
				•					•	•										
SIGNATURE																				
I ACKNOWLEDGE LIMITS INDICATED															•	ERAGE	. I HAVE	SELECT	ED THE	
I ACKNOWLEDGE	THA	TIH	IAVE	BEEN OFFE	RED 1	THE FOLL	OWING C	PTIONS V					D UIM	COV	/ERAG	•				
UM STACKED CO\	/ER/	AGE	_	(ir	nitials)				UIM STACKEI	COVERAG	E			(initia	ls)					
UM NON-STACKE	o cc	VER	RAGE	E	(ir	nitials)			UIM NON-STA	CKED COVE	ERAGE	_			_ (initia	ıls)				
I UNDERSTAND T AND CHANGES U								CHOICES	NDICATED HE	RE WILL AI	PPLY 1	ΓΟ ΑΙ	LL FU	ITUR	E POL	ICY RI	ENEWAL	S, CONT	INUATIONS	
APPLICANT'S SIGNATI							DATE		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER	
l									1											