

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"/>	46 <input type="checkbox"/>		
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$					
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$		42 <input type="checkbox"/>	47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$
	43 <input type="checkbox"/>				43 <input type="checkbox"/>		F <input type="checkbox"/> FTW <input type="checkbox"/>	
					46 <input type="checkbox"/>			
UNINSURED MOTORIST	42 <input type="checkbox"/>		<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>		\$
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$		43 <input type="checkbox"/>			
	45 <input type="checkbox"/>		PROPERTY DAMAGE \$		46 <input type="checkbox"/>			
	46 <input type="checkbox"/>		DED \$					
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		42 <input type="checkbox"/>	47 <input type="checkbox"/>		\$
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$		43 <input type="checkbox"/>			
	45 <input type="checkbox"/>				46 <input type="checkbox"/>			
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		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 \$		48 <input type="checkbox"/>			
	NO <input type="checkbox"/>				49 <input type="checkbox"/>			
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	48 <input type="checkbox"/>			
	NO <input type="checkbox"/>		<input type="checkbox"/> EMPLOYEES		49 <input type="checkbox"/>			\$
			<input type="checkbox"/> VOLUNTEERS					
			<input type="checkbox"/> PARTNERS					
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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.			
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

AGENCY CUSTOMER ID: _____

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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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