AGENCY CUSTOMER ID:

ACOR	

INDIANA COMMERCIAL AUTO

DATE	(MM/DD/VVVV)
DAIL	(MM/DD/YYYY)

ACORD	CORD COVERAGES / LIMITS SECTION														DATE	(MM/DD/YYYY)								
AGENCY												INSURED(S)											7	
POLICY NUMBER									EFFE	ECTIVE DATI	CARRIE	:R				NAIC CODE	-							
BUSINESS AUT	o si	EC1	ΓΙΟΝ	1																			_	
COVERAGES			ED AU		УМВ	OLS			LIMITS			COVERA	AGES	cov	OLS	LIMITS								
LIABILITY		1 2 3		4 7 8		9	BI EACH AC		ER \$ \$ \$															
								-								BUV	eic.	AL DA	MAC	<u></u>				
															3	PHY	SIC	AL DA	MAG	E			\dashv	
											LABOR		7						\$					
					_							COMP / OTC	;		3		7		8					
MEDICAL PAYMENTS		3		4 7	L	8	EACH PERS		\$			SPECIFIED CAUSES OF	LOSS		2 3		4 7		8					
UNINSURED MOTORIST		2		6 7		9	BI EACH AC	BI EA PE CIDENT	ER \$			COLLISION			2 3		4 7		8					
WOTOKIST		4		8	$\overline{\Gamma}$	9	PD\$	BI EA PE	\$ =R \$		DED													
UNDERINSURED MOTORIST		3		7]	BI EACH AC		\$															
HIRED / BORROWED LIABILITY		YES			ΓAΤΕ	S	COST OF H	RE	Ш	F ANY BASIS	3		STATE	S	# DA	YS	# VEH			COVERA		DUCTIBLE		
		YES		ST	TATE:	S	GROUP TYP	PE		NUMB	ER OF	HIRED PHYSICAL								SPEC C OF L \$				
NON-OWNED LIABILITY	NI ITY							EMPLOYEES VOLUNTEERS												COL	LL \$			
COVERED (1) ANY	΄ ΔΙΙΤ	0					PARTI		IED ALIT	OS OTHER '	ATE PASSENG	COVERAGE IS: (7) SP						_	PRIMARY SECONDARY CIFICALLY DESCRIBED AUTOS					
AUTO (2) OWI	NED A	AUTC			ENGI	ER AL	JTOS ONLY	(5) OWN	IED AUT	OS SUBJEC	T TO NO-F					S LA	W	(8)	HIRE	D AUTOS (OWNED A	ONLY			
ENDORSEMENT	S/I	RE	MAR	KS	(AC	COR	D 101, Ad	ditional	Rema	rks Sche	dule, ma	ay be attac	hed if m	ore	spa	ce i	is r	equ	ired)			_	
SIGNATURE																							_	
I UNDERSTAND A COVERAGE (BI), A SELECTED ARE LE	ND (UNIN	NSUR	RED	MOT	TORIS	STS PROPE	RTY DAM	AGE C	OVERAGE	(UMPD) U	JP TO THE LI												
1. I SELECT UMBI								I THIS APF				(INITIA	ALS)											
2. I REJECT UMBI									- `	ΓIALS)														
I REJECT UIMBI I REJECT UMPE										ΓIALS) ΓIALS)														
* I UNDERSTA								E THAT W	- `	,	SE BE PRO	OVIDED BY T	HE POLIC	CY.										
I UNDERSTAND T	HAT	ТН	E CC	OVE	RAG	SE SE	ELECTION	AND LIMIT	Г СНОІ						FUT	URE	E PO	OLIC	Y RE	ENEWAL:	S, COI	NTINUATIONS		
APPLICANT'S SIGNATI	AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN										RODUCER'	S SIGNATURE								NATION	NATIONAL PRODUCER NUMBER			

ACORD 137 IN (2015/12)

AGENCY	CHSTO	MEB ID.

TRUCKERS SEC											AGE	NCY CUST	OME	R ID:													
COVERAGES	со	VERE	RED AUTO SYMBOLS LIMITS											PHYSICAL DAMAGE COVERED													
		41		46	3 L			(CSL		BI EA PE	R \$			COVERA	GES	A	UTOS		LS		LIMIT	s		DEDUCTIBLE		
LIABILITY		42 47						CH AC			\$			COMP / OTC			42		47								
		43		50)		PF	ROF	PERTY	DAM	AGE	\$			- COMP / OTC	,		43]					\$		
																		46		47	SCL		FT	LSP			
															SPECIFIED CAUSES OF	1088		43		"	F		FTW		\$		
															0,100200.			46									
MEDICAL		42		46	ô			ΔCL	I PERS	NC		\$						42		47							
PAYMENTS		43			$\overline{}$	_	+-				RI				COLLISION			43		┚╽					\$		
UNINSURED		42		46	_		-		CSL L		BI EA PE							46									
MOTORIST		43		47 50			BI EACH ACCIDENT \$ PD \$ \$ DED								TOWING & LABOR		46			\$							
		42		46			1	T	CSL		BI EA PE			DLD					TRAIL	LER IN	TERCHA	NGE					
UNDERINSURED MOTORIST		43		47	_		ВІ		CH AC	CIDE		\$			COVERA	GES	SY	MBOL	# TR	AILER	S FARTH	# DAY	/S	RADIUS	DEDUCTIBLE		
MOTORIST	45 50														COMP / OTO			48									
NON-TRUCKERS HIRED / BORROWED		YES		S	STAT	ΓES	C	OST	OF HI	RE			IF ANY BA	ASIS			_	49									
TRUCKERS		NO			STAT		\$								SPECIFIED CAUSES OF	1000		48									
HIRED / BORROWED		YES NO		٥)IAI	IES	\$		OF HII	₹E			IF ANY BA	ASIS	CAUGES OF	L033		49									
LIABILITY		YES		5	STAT	ΓES	-		JP TYP	F			NU	MBER OF	COLLISION			49							\$		
NON-OWNED		NO							EMPLO		S				TRAILER VA	LUE	\$				-						
LIABILITY								<u> </u>	/OLUN	TEE	RS				STATES # DAYS # VI						VEH						
						4	F	PARTN	ERS																		
OTHER															HIRED PHYSICAL												
														DAMAGE													
															1		CO	VERAG	SE IS:			PRIMAR	Y	ECONDARY			
														OTHER													
COVERED AUTO SYME	BOLS										SUBJEC		NO-FAULT		CIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER												
(42) OWNED AUTOS O		ALITO	00.0	NII V	,	(4	CC	OMP		Y UI	NINSUR		A	(48) TRAI	LERS IN YOUR	R POSSE					INTERCH	IANGE /	4GRI	EEMENT	A INAILER		
(43) OWNED COMMER ENDORSEMENT						700		_			nnal F	2em:	arks Sc								NON-OW		1108	SUNLY			
LINDOROLIMENT	07		11/11/		5 (,	1001	(0)	101	, Au	4111	Jilai i	CIII	ai kā oc	ilcuaic, ilic	ay be allac	iicu ii	1110	ic sp	acc	13 10	quirco	'/					
SIGNATURE					_			_																			
I UNDERSTAND A																											
COVERAGE (BI), A SELECTED ARE LE																IABILIT	Y LII	WII S I	IN IVI Y	POL	ICY. IF	IHEL	IABI	LIIYLI	MISTHAVE		
1. I SELECT UMBI	. UIN	1BI A	ND L	JMF	PD I	LIMIT	S SH	4OV	/N ON	THI	S APP	LICA	TION.		(INITIA	ALS)											
2. I REJECT UMBI													ITIALS)		`	,											
3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY.* (INITIALS)																											
4. I REJECT UMPD COVERAGE IN ITS ENTIRETY.* (INITIALS) * I UNDERSTAND THAT I AM REJECTING COVERAGE THAT WOULD OTHERWISE BE PROVIDED BY THE POLICY.																											
I UNDERSTAND T AND CHANGES U													DICES IN	DICATED HE	ERE WILL A	PPLY ⁻	ГО А	LL FL	JTUR	E PO	LICY R	ENEW	ALS	, CONT	INUATIONS		
APPLICANT'S SIGNATI											DATE			PRODUCER'S	S SIGNATURE							NATIONAL PRODUCER NUMBER					

CUSTOMER	

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																									
COVERAGES	CO	VERE	DΑ	ито ѕ	YMBOL	s			LII	;				PHYSICAL DAMAGE COVERED											
	61 67						CSI		BI EA PER	\$			COVERA	GES	AL	JTO SY	MBO	LS		LIMITS		DEDUCTIBLE			
LIABILITY		62		68				ACCIDE		\$			COMP / OTC			62		67							
	63 71					PF	ROPER	RTY DAM	AGE	\$			COMPTOTO	,		63		68				\$			
		64														64 62		67	SCL	FT	LSP				
													SPECIFIED			63		68	F	FT		\$			
													CAUSES OF	LOSS		64		1 00	'		•	3			
																62		67							
													COLLISION			63		68				\$			
																64									
MEDICAL		62		64		F	VCH DE	ERSON		\$			TOWING			63			\$						
PAYMENTS		63		67			1		DI				& LABOR			67									
UNINSURED		62		66	7		_ CSI		BI EA PER						T				FARTH		RADIUS				
MOTORIST		63		67				ACCIDE	NT	\$			COVERA	GES	SYI	MBOL	#TR	AILER	S FARTH ZONE	# DAYS	DEDUCTIBLE				
		64 62		68	7		CSI		BI EA PER	\$		DED	COMP / OTC	;		69 70									
UNDERINSURED		63		67	— "		_	- LLLI ACCIDE		\$ \$						69									
MOTORIST		64		68			LAOIT	ACCIDE	141	Ψ			SPECIFIED CAUSES OF	LOSS		70									
NON-TRUCKERS		YES	 }		ATES	CC	OST OI	F HIRE			IF ANY BAS	SIS			69										
HIRED / BORROWED		NO				\$							COLLISION			70						\$			
TRUCKERS HIRED / BORROWED		YES	3	ST	ATES	CC	OST O	FHIRE			IF ANY BAS	SIS	TRAILER VA	LUE	\$										
LIABILITY		NO				\$								ST	ATES	# [DAYS	#	VEH						
		YES	3	ST	ATES	GF	ROUP .	TYPE		1	NUM	BER OF													
NON-OWNED LIABILITY								PLOYEE					HIRED PHYSICAL												
LIABILITY								LUNTEE					DAMAGE												
OTHER						+	PAF	RTNERS					-		CO1	/ERAG	E 10.			RIMARY		ECONDARY			
													OTHER			EKAG	IE 13.			KIIVIAKT		BECONDART			
COVERED AUTO SYME	OLS				(6	54) OW	VNED (COMMER	RCIAL AU	TOS	ONLY	(67) SPEC	IFICALLY DES	SCRIBE	D AUT	os		(70)	OUR TR	AILERS IN	THE POS	SESSION OF			
(61) ANY AUTO (62) OWNED AUTOS O	NLY										NO-FAULT A COMPUL-		D AUTOS ONL LERS IN YOUR		ESSIO	N UND	ER				R UNDER	A TRAILER			
(63) OWNED PRIVATE	PASS				·	SO	RY UN	IINSURE	D MOTOF	RIST	LAW	A TR	AILER INTERC	HANGE	AGRE	EMEN	IT.	. ,		NED AUTO	OS ONLY				
ENDORSEMENT	S/	REN	ΙΑΙ	RKS	(ACO	RD 1	01,	Additio	onal Re	ema	arks Sch	edule, ma	y be attac	hed i	f mo	re sp	ace	is re	quired)					
SIGNATURE																									
I UNDERSTAND A																									
COVERAGE (BI), A SELECTED ARE LE														IABILI ⁻	TY LIN	/ITS I	N MY	POLI	CY. IF	THE LIAI	BILITY LI	MITS I HAVE			
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1. I SELECT UMBI 2. I REJECT UMBI								ON IHI	3 APPLI		TIALS)		(INITI <i>A</i>	ALO)											
3. I REJECT UIMBI										•	TIALS)														
4. I REJECT UMPE										•	TIALS)														
* I UNDERSTA								AGE TH	IAT WOL	•	,	ISE BE PRO	OVIDED BY T	HE PO	DLICY										
I UNDERSTAND T	HAT	THE	E C	OVE	RAGE	SELE	СТІО	N AND	LIMIT C								JTUR	E PO	LICY RI	ENEWAL	S, CONT	INUATIONS			
AND CHANGES U		SS I	NO	TIFY	YOU O	THE	RWIS																		
APPLICANT'S SIGNATI	JRE						DATE PRODUCER'S							SSIGNATURE						NATIONAL PRODUCER NUMBER					
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