AGENCY CUSTOMER ID: NEW JERSEY COMMERCIAL AUTO DATE (MM/DD/YYYY) **COVERAGES / LIMITS SECTION** NAMED INSURED(S) POLICY NUMBER CARRIER NAIC CODE EFFECTIVE DATE **BUSINESS AUTO SECTION** COVERAGES **COVERED AUTO SYMBOLS** LIMITS COVERAGES COVERED AUTO SYMBOLS LIMITS BI EAPER \$ CSL LIABILITY 2 7 BI EACH ACCIDENT 3 PROPERTY DAMAGE 8 5 LAWSUIT THRESHOLD MEDICAL ONLY PHYSICAL DAMAGE 7 NO THRESHOLD PERSONAL HEALTH INSURANCE OPTION YES TOWING

MEDICAL EXPENSE

EXT MED EXP EA PER

CSL

COST OF HIRE

GROUP TYPE

RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

DATE

EMPLOYEES

VOLUNTEERS

BI EACH ACCIDENT

PROPERTY DAMAGE

NUMBER OF RELATIVES:

6

7

STATES

STATES

2

3

4

YES

NO

YES

NO

\$

\$

\$

IF ANY BASIS

NUMBER OF

BI EA PER \$ & LABOR

OTHER THAN COLLISION

SPECIFIED

COLLISION

HIRED

PHYSICAL

DAMAGE

CAUSES OF LOSS

2

3

3

2

3

DAYS

STATES

4

8

8

VFH

COVERAGE / DEDUCTIBLE

\$

NATIONAL PRODUCER NUMBER

OTC SPEC C OF L

PARTNERS SECONDARY COVERAGE IS: **PRIMARY** (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (7) SPECIFICALLY DESCRIBED AUTOS (1) ANY AUTO COVERED (2) OWNED AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (8) HIRED AUTOS ONLY AUTO SYMBOLS (3) OWNED PRIVATE PASSENGER AUTOS ONLY (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (9) NON-OWNED AUTOS ONLY ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

APPLICANT'S SIGNATURE

SIGNATURE

INJURY PROTECTION

EXTRA PIP OPTIONS

HIRED / BORROWED LIABILITY

NON-OWNED LIABILITY

UNINSURED /

UNDERINSURED MOTORIST

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY

PRODUCER'S SIGNATURE

ACENCY	CUSTOMER II	n.
AGENCI	CUSTOMERII	

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS LIMITS									PHYSICAL DAMAGE										
		41	46		CSL	BI EA PER \$	i		COVERA	GES	A	COVE UTO SY	RED MBOLS			LIMITS		DEDUCTIBLE		
LIABILITY		42	47	Е	BI EACH ACCID							42		17						
		43	50	F	PROPERTY DA	MAGE \$	i		OTHER THA COLLISION			43						\$		
		44				THRESHOLD		ICAL ONLY	COLLIDION			46								
		46			NO THRES			.0.12 0.12				42		17	SCL	FT	LSP			
PERSONAL		1			HEALTH INSUR		N Y	ES NO	SPECIFIED			43		" 	F	FTV		\$		
INJURY PROTECTION		1		١.	AEDICAL EVDE	NSE \$			CAUSES OF	LU55					┙.		•	*		
TROTEOTION					MEDICAL EXPE							46		_						
					DED	\$			COLLISION			42	H-1	17						
EXTRA PIP OPTIONS	NILII	MDED	OF RELATIVES		EXT MED EXP	EAPER \$	<u> </u>		COLLISION			43						\$		
EXTRA FIF OF HORS	INOI			,. 		BI .					_	46		_						
UNINSURED /		42	46	\vdash	CSL	BI EA PER \$			TOWING			46		\$						
UNDERINSURED MOTORIST		43		E	BI EACH ACCID	ENT \$	& LABOR													
MOTORIO		45		F	PROPERTY DA	MAGE \$	i				_		TRAILE				1			
									COVERA	GES	SY	MBOL	# TRAI	LERS	ZONE	# DAYS	RADIUS	DEDUCTIBLE		
				_					OTHER THA	۸N		48								
NON-TRUCKERS		YES	STATES	C	COST OF HIRE		IF ANY BA	SIS	COLLISION			49								
HIRED / BORROWED		NO		\$	5				SPECIFIED			48								
TRUCKERS HIRED / BORROWED		YES	STATES	s c	COST OF HIRE		IF ANY BA	SIS	CAUSES OF	LOSS		49								
LIABILITY		NO		\$	5				COLLIGION			48								
		YES	STATES		GROUP TYPE		NUI	MBER OF	COLLISION			49						\$		
NON-OWNED		NO			EMPLOYE	ES			TRAILER VA	LUE	\$						•			
AUTO LIABILITY		1			VOLUNTE					STA	TES	# D	AYS	# V	EH					
					PARTNER															
OTHER					TARRITER	<u> </u>			HIRED											
									PHYSICAL DAMAGE											
									DAWAGE											
				+								VED 4 0	F 10			DIMARDY				
									OTHER			VERAG	E IS:		P	RIMARY	5	ECONDARY		
									OTTLER											
(41) ANY AUTO	BOLS				WNED AUTOS				DIFICALLY DES		TUA C	os	(SESSION OF A TRAILER		
(42) OWNED AUTOS C				`´C	OMPULSORY	JNINSURED	A	(48) TRAII	LERS IN YOUR	R POSSE				IN	TERCH	ANGE AGI	REEMENT	ATRAILLIN		
(43) OWNED COMMER					IOTORIST LAW				AILER INTERC							NED AUTO	OS ONLY			
ENDORSEMENT	rs/	REM	ARKS (AC	ORD	101, Addit	ional Rem	arks Sc	hedule, ma	y be attac	hed if	mo	re sp	ace is	req	uired)		1		
1																				
SIGNATURE																				
ANY PERSON WH	IO IN	ICLUID	NEC ANY EAT	SE O	D MIGI EADI	NG INFORM	IATION O	N AN ADDITO	ATION FOR	ANIINI	SLID	ANCE	DOL IO	V IC	SI ID IL	CT TO	DIMINIA	AND CIVII		
PENALTIES.	IU IN	ICLUD	LO ANY FAL	LOE U	IN IVIIOLEADI	ING IINFURIV	IATION O	N AIN APPLIC	ATION FOR	AN IN	SUK	AINCE	PULIC	1 15	SUBJE	01 10 (אווואווא.	AND CIVIL		
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I UNDERSTAND T										IY STA	TE S	SUPPL	EMEN1	WIL	L APP	LY TO A	LL FUTL	IRE POLICY		
			.5, 4D OI IA		. J. 12200 I IV		O ILIXVV									NA=	IAL BESS	UCED NUMBER		
APPLICANT'S SIGNAT	UKĒ					DATE		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER		

AGENCY CUSTOMER ID:

MOTOR CARRIER SECTION

COVERAGES	CO	COVERED AUTO SYMBOLS LIMITS								PHYSICAL DAMAGE COVERED DESCRIPTION OF THE PROPERTY OF THE PR									
		61		67		CSL	BI EA PER	\$		COVERA	GES	А	COVE UTO SY	RED MBO	LS		LIMITS		DEDUCTIBLE
LIABILITY		62		68	BI E	ACH ACCIDE	NT	\$		071150 7111			62		67				
LIABILITY		63		71	PRC	PERTY DAM	AGE	\$		OTHER THA			63		68				\$
		64											64						
		65				LAWSUIT TH	HRESHOL	LD _	MEDICAL ONLY				62		67	sc	L FT	LSP	
		67				NO THRESH	HOLD			SPECIFIED CAUSES OF	LOSS		63		68	F	FT\	V	\$
PERSONAL INJURY					HEA	LTH INSURA	NCE OPT	TION	YES NO				64						
PROTECTION					MED	ICAL EXPEN	SE	\$					62		67				
					DED	1		\$		COLLISION			63		68				\$
					EXT	MED EXP EA	PER	\$					64						
EXTRA PIP OPTIONS	NUN	/BER C	OF RE	LATIVES:						TOWING			63			_			
UNINSURED /		62		66		CSL	BI EA PER	\$		& LABOR			67			\$			
UNDERINSURED		63		67	BI E	ACH ACCIDE	NT	\$								TERCHA			
MOTORIST	RIST 64 PROPERTY DAMAGE						AGE	AGE \$			GES	SYMBOL #TRAILERS				RS FARTH # DAYS RADIUS			DEDUCTIBLE
										OTHER THAN 69									
										COLLISION			70						
										SPECIFIED			69						
										CAUSES OF	LOSS		70						
NON-TRUCKERS		YES		STATES	cos	T OF HIRE		IF	ANY BASIS	COLLISION			69			T			
HIRED / BORROWED		NO			\$					JULISION			70						\$
TRUCKERS HIRED / BORROWED		YES		STATES	cos	T OF HIRE		IF	ANY BASIS	TRAILER VA	ALUE	\$							
LIABILITY		NO			\$						STA	TES	# D	AYS	#	VEH			
		YES		STATES	GRO	OUP TYPE		_	NUMBER OF										
NON-OWNED AUTO		NO				EMPLOYEES	S			HIRED PHYSICAL									
LIABILITY						VOLUNTEER	RS			DAMAGE									
						PARTNERS													
OTHER												CO	VERAG	E IS:		\perp	PRIMARY		ECONDARY
										OTHER									
(61) ANY AUTO	BOLS					ED COMMER				CIFICALLY DE		TUA C	ros						SESSION OF A TRAILER
(62) OWNED AUTOS C				(66)	OWN	ED AUTOS S	SUBJECT .	TO A	COMPUL- (69) TRA	ILERS IN YOUR	R POSSE					INTERC	HANGE AG	REEMENT	A TRAILER
(63) OWNED PRIVATE						Y UNINSURE				RAILER INTERC					. ,		VNED AUT	OS ONLY	
ENDORSEMENT	15/1	K E IVI	AKN	S (ACUR	טו ע	i, Additio	onai Re	emai	rks Schedule, m	ay be attac	nea ir	mo	re sp	ace	is re	quire	a)		
SIGNATURE																			
PENALTIES.									TION ON AN APPLI										
RENEWALS, CON	TINU					NLESS I NO	TIFY YO		ES INDICATED HEI THERWISE IN WRIT	ING.	NY STA	TE S	SUPPL	EME	NT W	'ILL AP			
APPLICANT'S SIGNAT	URE					[DATE		PRODUCER	S SIGNATURE							NATIO	NAL PROD	UCER NUMBER
ACORD 137 N.J	/204	E /4 2\							Page 3 of 3										