AGENCY CUSTOMER ID:

ACORD

OREGON COMMERCIAL AUTO

DATE	(MM/DD/YYYY)	

COVERAGES / LIMITS SECTION															,											
AGENCY													NAMED	DINSURED(S)												
POLICY NUMBER										EFFE	CTIVE DA	TE	CARRIE	₹				NAIC C	ODE							
BUSINESS AUTO SECTION																										
COVERAGES		VERE			SYME	BOLS				IMITS				COVERA	GES	cov	/ERE	D AU	тоѕ	YMBO	OLS	LIMITS				
LIABILITY		1 2		4		9		SL	BI EA PER			99.1											-			
LIADIEIT		3		8			PROPE	ERTY DA		\$			1.													
PERSONAL INJURY PROTECTION		5 7					\$ \$2	250	NAMED INSURE	ED:	NONE NAME FAMIL	ס ואַ] \$100 S & EMBERS		/SICAL DAMAGE					_						
ADD'L PERSONAL		5												TOWING & LABOR		3 7						\$				
INJURY PROTECTION		7					\$				COMP / OTC 2 3					4 7		8								
MEDICAL PAYMENTS		3		4 7		8	EACH	PERSON	I	\$		SPECIFIED CAUSES OF	LOSS		2		4 7		8							
UNINSURED		2 3		6 7				SL	BI EA PER ENT	\$ \$				COLLISION			2		4 7		8					
MOTORIST		4					PROPE	ERTY DA	MAGE	\$																
HIRED / BORROWED LIABILITY		YES NO		ST	TATE	S	COST (OF HIRE	IF ANY BASIS						STATE	S	# DA	AYS	S # VEH				RAGE /	DED	UCTIBL	Ē
		YES STATES GROUP TYP							E NUMBER OF YEES					HIRED PHYSICAL								SPEC C OF L \$				
NON-OWNED LIABILITY		I					V	OLUNTE	ERS					DAMAGE		201/5									25001	
COVERED (1) ANY AUTO (2) OWI	NED A	AUTOS							(4) OWNE (5) OWNE	4) OWNED AUTOS OTHER THAN PRIVATION OF AUTOS SUBJECT TO NO-FAL					TE PASSENGER AUTOS ONLY (7) SPE JULT (8) HIRI							PRIMARY SECONDARY DIFICALLY DESCRIBED AUTOS D AUTOS ONLY OWNED AUTOS ONLY				
ENDORSEMENT							JTOS ON		• •					PULSORY UN						. ,			AUTO	SON	LY	
SIGNATURE	ЦО	KNO	A/INI	CLV	/ AP	VID. VA	/ITLL IN	ITENT :	TO DEE	DALID	OD 00	V 101	IT ANO	TUED TO D) TU	IF IN	ICLIE) E D	DV	CLIE	NAITT	NC A	NI A		TION
ANY PERSON WI CONTAINING A FA	ALSE	STA	TEI	MEN	IT A	S TO	ANY N	/ATERI	AL FACT	MAY	BE VIOL	ATIN.	NG STA	TE LAW.												
I UNDERSTAND COVERAGES HAV NOT LOWER THA FOUND IN THE AT	/E B	EEN HE M	EXI IINII	PLAI MUN	INE 1 B	D TO I LIM	ME. I	HAVE QUIREI	THE RIG D BY LA	SHT TO	D PURCI	HAS	E UMB	I LIMITS ÉQ	UAL TO	MY I	BOD	ILY I	NJU	JRY ((BI) I	IABIL	ITY LII	MITS	OR L	IMITŚ
I UNDERSTAND T AND CHANGES U											CES IND	ICA	TED HE	RE WILL AF	PPLY TO	ALL	FUT	TURE	PC	DLIC,	Y RE	NEW	ALS, C	ON	ΓΙΝUΑΊ	IONS
APPLICANT'S SIGNATI	JRE								DATE	PRODUCER'S SIGNATURE											NATIONAL PRODUCER NUMBER					

ACORD 137 OR (2016/01)

AGEN	\sim	\sim 11	CTC	ID.

TRUCKERS SECTION AGENCY CUSTOMER ID:																						
COVERAGES	со	VERE	D A	UTO SYMBOLS				мітѕ		PHYSICAL DAMAGE COVERAGES ALTO SYMBOLS LIMITS DEDUCTIBLE												
		41		46		CSL	BI EA PER	\$		COVERA	COVERAGES AUTO SYMBOLS							DEDUCTIBLE				
LIABILITY		42		47	BIE	ACH ACCID	DENT	\$					42		47							
		43		50	PRO	PERTY DA	MAGE	\$		COMP / OT	С		43							\$		
PERSONAL INJURY		44			\$		MEDICA EXP DE	D:	NONE \$1				46									
PROTECTION		46		_		\$250	NAMED INSUREI	D	NAMED INS & FAMILY MEMBER	s			42		47	s	SCL	FT	LSP			
ADD'L PERSONAL INJURY		44			\$					SPECIFIED CAUSES OF			43			F	- [FTV	,	\$		
PROTECTION		46		_	9								46		•		_					
MEDICAL		42		46									42		47							
PAYMENTS		43			EAC	H PERSON		\$		COLLISION			43							\$		
		42		46		CSL	BI EA PER	\$			1											
UNINSURED MOTORIST		43			BIE	ACH ACCID	DENT	\$		TOWING			46									
MOTORIOT		45			PRO	PERTY DA	MAGE	\$		& LABOR						\$						
																TERCI						
										COVERA	AGES	SY	MBOL	# TR	AILEF	rs FAF	TH NE	# DAYS	RADIUS	DEDUCTIBLE		
										COMP / OT	C		48									
NON-TRUCKERS		YES	S	STATES	cos	ST OF HIRE		IF AN	Y BASIS	COMPTON	C		49									
HIRED / BORROWED		NO			\$					SPECIFIED			48									
TRUCKERS HIRED / BORROWED		YES	S	STATES	cos	ST OF HIRE		IF AN	Y BASIS	CAUSES OF			49									
LIABILITY		NO			\$								48									
		YES	S	STATES	GRO	OUP TYPE			NUMBER OF	COLLISION			49							\$		
NON-OWNED		NO				EMPLOYE	ES			TRAILER V	ALUE	\$										
AUTO LIABILITY						VOLUNTE	ERS				STA	ATES	# 1	DAYS	#	ŧ VEH						
						PARTNER	S															
OTHER										HIRED												
										PHYSICAL DAMAGE												
												CO	VERAC	BE IS:			PI	RIMARY		SECONDARY		
										OTHER												
COVERED AUTO SYME	BOLS					IED AUTOS				ECIFICALLY DE		D AU1	ros		(49)					SESSION OF		
(41) ANY AUTO (42) OWNED AUTOS O	NLY			(45		IED AUTOS IPULSORY I				ED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER ILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT												
(43) OWNED COMMER	CIAL	AUT	os o	NLY	МОТ	ORIST LAW	V			RAILER INTER					(50)	NON-0	NWC	IED AUTO	OS ONLY			
ENDORSEMENT	<u>'S/</u>	REN	MAF	RKS (ACOR	D 10	1, Addit	ional Re	emarks	Schedule, r	ay be attac	ched if	mo	re sp	ace	is re	quir	<u>ed)</u>					
SIGNATURE																	—					
ANY PERSON W	HO	KNO)WIN	JGLY AND W	/ITH	INTENT	TO DEFR	RALID O	R SOLICIT AN	OTHER TO	DEFRA	UD.	THE	INSU	RFR	BY S		MITTIN	G AN AI	PPI ICATION		
CONTAINING A FA	ALSE	ST	ATE	MENT AS TO	ANY	MATERIA	AL FACT	MAY BE	VIOLATING S	ATE LAW.												
I UNDERSTAND COVERAGES HAV NOT LOWER THA	/E B	EEN	I EX	PLAINED TO	ME.	I HAVE	THE RIGI	HT TO F	URCHASE UN	BI LIMITS ÉC	QUAL T	O M	Ү ВО	DILY	INJU	RY (E	3I) L	.IABILIT	Y LIMITS	OR LIMITS		
FOUND IN THE AT								CHOICE	SINDICATED	IERE WILL A	DDI ∨ -	TO ^	ALL FI	JTI IP	F PC	וורי	RE	NEW/AI	S CONT	INIJATIONS		
AND CHANGES U	NLE						VRITING.		1			10 A	LL FU	JIUK		LICT						
APPLICANT'S SIGNATI	JRE						DATE		PRODUCE	R'S SIGNATURE								NATIO	NAL PROD	UCER NUMBER		

CUSTOMER	

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																										
COVERAGES	co	VERE	DΑ	UTO SYMBOLS	Щ		1		/IITS											L DAMAGE						
		61		67		CSL	│ BI │ EA	PER	\$					COVERA	GES		UTO S	ERED YMBO	DLS		LIMITS		DEDUCTIBLE			
LIABILITY		62		68	BIE	ACH ACCID	ENT		\$								62		67							
		63		71	PRC	PERTY DAI	MAGE		\$					COMP / OTC			63		68				\$			
		64					NAC	-DIC AI								_	64	_								
DEDCOMAL IN HIDY		65			\$		EX	EDICAL (P DED	Ď:		NONE		\$100				62		67	SCI	FT	LSP				
PERSONAL INJURY PROTECTION		67				\$250	INS	MED SURED		F	NAMED FAMILY	Y MEM	BERS	SPECIFIED CAUSES OF	LOSS		63		68	F	FTV	V	\$			
																	64	_								
ADD'L PERSONAL		65															62		67							
INJURY PROTECTION		67			\$									COLLISION			63		68				\$			
																	64									
MEDICAL PAYMENTS		62		64	EAC	H PERSON				TOWING & LABOR			63		_	\$										
TATIMENTO		63		67		001	BI	PER	•					a Bribon			67	TERCHA	NOF							
UNINSURED		62		66	DI E	CSL		PER	\$ \$					COVERA	256		MBOL			S FARTH		DEDUCTIBLE				
MOTORIST		64		- 67		ACH ACCID PERTY DAI			э \$					COVERA	JES	31		- # 11	MAILER	ZONE	# DATS	DEDUCTIBLE				
		04	_		FRC	PERTIDA	VIAGE	1	φ					COMP / OTC 69 70												
																	69									
														SPECIFIED CAUSES OF	LOSS		70									
NON-TRUCKERS		YES	3	STATES	cos	ST OF HIRE			IF	AN	Y BASI	IS					69									
HIRED / BORROWED		NO			\$									COLLISION			70						\$			
TRUCKERS		YES	3	STATES	cos	ST OF HIRE			IF	AN	Y BASI	ıs		TRAILER VA	LUE	\$				_	•	•				
HIRED / BORROWED LIABILITY		NO			\$										ST	ATES	#	DAYS	#	VEH						
		YES	3	STATES	GRO	OUP TYPE					NUMB	BER OF	=													
NON-OWNED		NO				EMPLOYE	ES							HIRED												
AUTO LIABILITY						VOLUNTE	ERS							PHYSICAL DAMAGE												
						PARTNER	S																			
OTHER	OTHER															CC	VERA	GE IS:			PRIMARY		ECONDARY			
														OTHER												
(61) ANY AUTO	BOLS					IED COMME								DIFICALLY DES		D AU	TOS						SESSION OF A TRAILER			
(62) OWNED AUTOS O			-00	(66)	OWN	IED AUTOS	SUBJ	JECT T	ГО А	COM) TRAI	LERS IN YOUR	POSS				- 1	INTERCH	HANGE AG	REEMENT	ATRAILLIN			
(63) OWNED PRIVATE						Y UNINSUR					Cab	- d l a		AILER INTERC					. ,		/NED AUTO	DS ONLY				
ENDORSEMENT	31	KEN	/IAI	KNS (ACOK	ט ונ	71, Addit	iona	ıı Ke	mar	KS	SCHE	eauie	∌, IIIè	iy be allac	nea	II IIIC	леѕ	pace	15 16	quirec	1)					
SIGNATURE																										
ANY PERSON W CONTAINING A FA)EFR/	AUD	THE	INSL	JRER	BY SU	BMITTIN	G AN AF	PPLICATION			
I UNDERSTAND COVERAGES HAV	/E B	EEN	ΕX	KPLAINED TO	ME.	I HAVE	THE	RIGH	HT TO	O PI	URCH	HASE	UMB	I LIMITS ÉQ	UAL ⁻	TO N	IY BC	DILY	INJUI	RY (BI)	LIABILIT	Y LIMITS	OR LIMITS			
NOT LOWER THA FOUND IN THE AT								LAW	/. A	BR	.IEF C	DESC	RIPTI	ON OF UME	BI ANI	D UII	мві с 	OVE	RAGE:	S ANĎ	A COST	COMPA	RISON ARE			
I UNDERSTAND 1 AND CHANGES U									HOI	CES	INDI	CATE	D HE	RE WILL AI	PPLY	TO A	ALL F	UTUF	RE PO	LICY R	ENEWAL	S, CONT	INUATIONS			
APPLICANT'S SIGNATI	JRE						DAT	E			F	PRODU	JCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER			