



AGENCY CUSTOMER ID: _____

**CALIFORNIA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$	WAIVER OF DEDUCTIBLE	3 7	
	4	PROPERTY DAMAGE \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			
		EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
			COVERAGE IS: PRIMARY SECONDARY		
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW		(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**SIGNATURE**

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT 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
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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
	42 <input type="checkbox"/>	47 <input type="checkbox"/>		43 <input type="checkbox"/>	46 <input type="checkbox"/>				
	43 <input type="checkbox"/>	50 <input type="checkbox"/>		42 <input type="checkbox"/>	47 <input type="checkbox"/>				
			SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
				43 <input type="checkbox"/>	46 <input type="checkbox"/>				
				42 <input type="checkbox"/>	47 <input type="checkbox"/>				
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
	43 <input type="checkbox"/>			43 <input type="checkbox"/>	46 <input type="checkbox"/>				
				42 <input type="checkbox"/>	47 <input type="checkbox"/>				
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	TOWING & LABOR	46 <input type="checkbox"/>	\$				
	43 <input type="checkbox"/>								
	45 <input type="checkbox"/>								
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COMP / OTC	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>			49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>			49 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	COLLISION	48 <input type="checkbox"/>					\$
	NO <input type="checkbox"/>			49 <input type="checkbox"/>					
			TRAILER VALUE						
			\$						
			STATES # DAYS # VEH						
			COVERAGE IS: PRIMARY SECONDARY						
			OTHER						

COVERED AUTO SYMBOLS
 (41) ANY AUTO
 (42) OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS
 (47) HIRED AUTOS ONLY
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SIGNATURE

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I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																		
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE												
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA	PER	\$	COMP / OTC	<input type="checkbox"/>	62	<input type="checkbox"/>	67		\$					
	<input type="checkbox"/>	62	<input type="checkbox"/>	68	<input type="checkbox"/>	BI	<input type="checkbox"/>	EACH	ACCIDENT	\$	<input type="checkbox"/>	63		<input type="checkbox"/>	68									
	<input type="checkbox"/>	63	<input type="checkbox"/>	71	<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	DAMAGE	\$	<input type="checkbox"/>	64	<input type="checkbox"/>												
	<input type="checkbox"/>	64	<input type="checkbox"/>																					
													SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	62	<input type="checkbox"/>	67	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$
													<input type="checkbox"/>	63	<input type="checkbox"/>	68	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW				
													<input type="checkbox"/>	64	<input type="checkbox"/>									
													COLLISION	<input type="checkbox"/>	62	<input type="checkbox"/>	67		\$					
													<input type="checkbox"/>	63	<input type="checkbox"/>	68								
													<input type="checkbox"/>	64	<input type="checkbox"/>									
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	<input type="checkbox"/>	EACH	PERSON	\$					TOWING & LABOR	<input type="checkbox"/>	63	<input type="checkbox"/>		\$						
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	<input type="checkbox"/>									<input type="checkbox"/>	67	<input type="checkbox"/>								
UNINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA	PER	\$	TRAILER INTERCHANGE											
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	<input type="checkbox"/>	BI	<input type="checkbox"/>	EACH	ACCIDENT	\$	COVERAGES		SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE						
	<input type="checkbox"/>	64	<input type="checkbox"/>			PROPERTY	<input type="checkbox"/>	DAMAGE	\$	COMP / OTC	<input type="checkbox"/>	69												
	<input type="checkbox"/>											70												
													SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	69									
													<input type="checkbox"/>	70										
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/>	YES	STATES			COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS					COLLISION	<input type="checkbox"/>	69								\$	
	<input type="checkbox"/>	NO				\$							<input type="checkbox"/>	70										
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES			COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS					TRAILER VALUE	\$										
	<input type="checkbox"/>	NO				\$																		
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES			GROUP TYPE		NUMBER OF					HIRED PHYSICAL DAMAGE			# DAYS	# VEH							
	<input type="checkbox"/>	NO																						
	<input type="checkbox"/>				EMPLOYEES																			
	<input type="checkbox"/>				VOLUNTEERS																			
	<input type="checkbox"/>					PARTNERS																		
OTHER																								

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