



AGENCY CUSTOMER ID: _____

**GEORGIA 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			
TRADITIONAL (REDUCED) UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ DED \$ BI EACH ACCIDENT \$ DED \$ PROPERTY DAMAGE \$ DED \$	COLLISION	2 4 8 3 7			
NEW (ADDED ON) UNINSURED MOTORIST (IF APPLICABLE)	2 6 3 7 4	CSL BI EA PER \$ DED \$ BI EACH ACCIDENT \$ DED \$ PROPERTY DAMAGE \$ DED \$					
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					
		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**

I UNDERSTAND AND ACKNOWLEDGE THAT TRADITIONAL (REDUCED) UNINSURED MOTORIST COVERAGE AND, IF APPLICABLE, NEW (ADDED ON) UNINSURED MOTORIST COVERAGE HAVE BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION.

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"/>				
				46 <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 \$						
OTHER			HIRED PHYSICAL DAMAGE	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

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST COVERAGE HAS BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION.			
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

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE	DEDUCTIBLE
LIABILITY	61	67	CSL	BI EA PER \$
	62	68		BI EACH ACCIDENT \$
	63	71		PROPERTY DAMAGE \$
	64			
			SPECIFIED CAUSES OF LOSS	
			COLLISION	
MEDICAL PAYMENTS	62	64		EACH PERSON \$
	63	67		
UNINSURED MOTORIST	62	66	CSL	BI EA PER \$ DED \$
	63	67		BI EACH ACCIDENT \$ DED \$
	64			PROPERTY DAMAGE \$ DED \$
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE	IF ANY BASIS	
	NO	\$		
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE	IF ANY BASIS	
	NO	\$		
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	
	NO	EMPLOYEES		
		VOLUNTEERS		
		PARTNERS		
OTHER				
COVERED AUTO SYMBOLS (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL- (69) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY				

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

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST COVERAGE HAS BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION.			
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

**TRADITIONAL AND NEW UNINSURED MOTORIST COVERAGE
MANDATORY OFFER AND EXPLANATION**

Georgia insurance law requires that we offer and explain to you Traditional Uninsured Motorist Coverage and if applicable, New Uninsured Motorist Coverage. Below is a brief description of each coverage option. Only the policy provides a complete description of coverage(s) and limitation(s). You have the right to select a specific coverage or reject all uninsured motorist coverage(s) in writing.

Traditional Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits pays for bodily injury and property damage losses to you and your passengers as a result of an accident with a driver who either has no liability protection and is legally responsible for the injuries or damages, or does not have enough protection to pay the full amount that the injured person is legally entitled to recover as damages.

New Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Added on At-Fault Liability Limits pays for the same bodily injury and property damage losses as Traditional Uninsured Motorist Coverage, however; it provides additional protection that will pay for your damages in addition to the At-Fault driver's Liability Coverage Limits up to your New Uninsured Motorist Coverage Limits. This new coverage is available on vehicles qualifying as private passenger type vehicles under Georgia law.

You have the right to purchase Traditional Uninsured Motorist Coverage or New Uninsured Motorist Coverage, if applicable, with limits up to the liability limits of your policy. Your selection coverage options are listed below:

_____ I accept Traditional Uninsured Motorist Coverage
(initials)

_____ I accept New Uninsured Motorist Coverage
(initials)

_____ I reject ALL Uninsured Motorist Coverage
(initials)

I acknowledge that I read and understand my Traditional Uninsured Motorist and/or New Uninsured Motorist Coverage, if applicable, options.

Applicant's Signature

Date

Example of New Uninsured Motorist Coverage and Traditional Uninsured Motorist Coverage Claim Payment Calculation

An underinsured driver fails to stop at a red light, hits your car and causes you to have \$175,000 in damages. The at-fault underinsured driver (At-Fault's) has \$50,000 of Liability Coverage. Your policy contains \$100,000 of Uninsured Motorist Coverage.

NEW UNINSURED MOTORIST COVERAGE (IF APPLICABLE) (This coverage is also referred to as Uninsured Motorist-Added on to At-Fault Liability Limits)

At-Fault's Liability Coverage Limit \$50,000

Your New Uninsured Motorist Coverage Limit \$100,000

Total Amount of Your Damages \$175,000

Payment Break Out:

At-Fault's Liability Coverage =	\$ 50,000
Your New Uninsured Motorist Coverage =	<u>\$ 100,000</u>
Total Payment =	\$ 150,000
Amount Not Covered =	\$ 25,000 ^(a)

The maximum available coverage in this example was \$150,000 (At-Fault's Liability Coverage Limit + Your New Uninsured Motorist Coverage Limit).

^(a) Please notice that \$25,000 of the loss was not covered.

TRADITIONAL UNINSURED MOTORIST COVERAGE (IF APPLICABLE) (This coverage is comparable to your current coverage. The coverage is also referred to as Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits)

At-Fault's Liability Coverage Limit \$50,000

Your **Traditional Uninsured Motorist Coverage** Limit \$100,000

Total Amount of Your Damages \$175,000

Payment Break Out:

At-Fault's Liability Coverage =	\$ 50,000
Your Available Traditional Uninsured Motorist Coverage =	<u>\$ 50,000 ^(a)</u>
Total Payment =	\$ 100,000
Amount Not Covered =	\$ 75,000 ^(b)

^(a) The \$50,000 amount shown here is determined by subtracting the At-Fault's Liability Coverage Limit from Your Traditional Uninsured Motorist Coverage Limit. The total available Traditional Uninsured Motorist Coverage you have in this example is \$50,000.

^(b) Please notice that \$75,000 of the loss was not covered.