AGENCY CUSTOMER ID: _

R	
ACORD	

ILLINOIS COMMERCIAL AUTO

DATE	(MM/DD/YYYY)	

ACOND	COVERAGES / LIMITS S												SECTION	ı											
AGENCY													ED INSURED(S)												
POLICY NUMBER									EFI	FECTIVE DA	TE	CARRIER												NAIC C	ODE
BUSINESS AUTO	SEC	TION																							
COVERAGES	TO S	YMB	OLS		LIMITS	s			COVERA	GES	cov	EREC	AUT	o s	ҮМВ (OLS			LIMI	тs					
	1		4		9		CSL _	BI EA PE	ER \$																
LIABILITY	2		7			BIEA	CH ACC	IDENT	\$																
	3		8			PRO	PERTY D	AMAGE	\$				_												
															-		PHY	SICA	L DA	MAG	E				
													TOWING 3								•				
													& LABOR			7					\$				
													COMP / OTC			2 3		4 7		8					
MEDICAL PAYMENTS	2 3		4		8	EAC	H PERSO	N	\$				SPECIFIED CAUSES OF	LOSS		2 3		4 7		8					
	2		6		9		CSL	BI EA PE	ER \$							2	_	4		8					
UNINSURED MOTORIST	3		7		1		CH ACC		\$				COLLISION			3		7							
MOTORIOT	4		8			PRO	PERTY D		\$																
UNDERINSURED	2		6		9	Ш	CSL _	BI EA PE	ER \$																
MOTORIST	RIST 3 7 BI EACH ACCIDENT																								
, , , , , , , , , , , , , , , , , , ,	4 YE	:S	8 ST	ATE		COS				IF ANY BAS				STATE	s	# DA	YS		# VEH	1	COVE	RAGE	/ DEC	UCTIBL	E
HIRED / BORROWED LIABILITY	ORROWED YES STATES COST OF HIRE NO \$									IF AINT DAG	013									\vdash	COMP	\$			
	YE	S	ST	ATE	S	GROUP TYPE NUMBER OF						OF	HIRED								SPEC C OF L \$				
NON-OWNED	NC.)					EMPLOYEES						PHYSICAL DAMAGE								1	COLL	\$		
LIABILITY						VOLUNTEERS																			
COVERED (1) ANY	ALITO						PARTNE		IFD ALI	ITOS OTHER	R THA	N PRIVA	TE PASSENGE		COVER		IS:		(7) 5	_	RIMAR		_	SECONI ED AUT	
AUTO (2) OWN SYMBOLS (3) OWN	IED AUT			ENICI	ED AII	ITOS C	NII V	(5) OWN	IED AU	ITOS SUBJE	CT T	O NO-FA					21 //	۸,	(8) H	HIRE	D AUTO	S ONL	Y		
ENDORSEMENT:								. ,											. ,			AUTO	13 ON	LI	
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SIGNATURE	TI 14 T 1	1161/5	DES) 	DEC.	INDIAGO	IDED //	NDES	NINCI IDED	// 18.5	1/1084	MOTORISTO	DOD!! Y	IN:	DV "		·O` (ED.	<u> </u>	IDTO	TUE /	IN 41-	(8) 05	MVD
SIGNATURE I ACKNOWLEDGE LIABILITY COVER. SUPPLEMENT, ACC	AGE, A	ND I																							
I ACKNOWLEDGE LIABILITY COVER	AGE, A ORD 61 HAT TH	IL.	UM	PRO	DPER E SE	LECT	ION AN	D LIMIT	RAGE CHOI	CES INDIC	LÌCA CATE	ABLE. Î ED HER	HAVE SELI	ECTED	THE	LIMÌ	TŚ I	NDI	ICAT	ED	HERE	AND	IN	THE S	STATE

AGEN	\sim	\sim 11	CTC	ID.

TRUCKERS SEC	CTION														
COVERAGES	COVERED AUTO SYMBOLS		LIMIT		PHYSICAL DAMAGE										
	41 46	CSL	BI EA PER \$			COVERAG	GES	A	COVE UTO SY	RED MBOI	s		LIMITS		DEDUCTIBLE
LIABILITY	42 47	BI EACH ACCID							42		47				
	43 50	PROPERTY DA	MAGE \$			COMP / OTC			43						\$
									46		'				
									42	I	47	SCL	FT	LSP	
						SPECIFIED			1		4′	- F			\$
						CAUSES OF	LOSS		43		' -		FTW		Ť
								-	46	_					
MEDICAL PAYMENTS	42 46	EACH PERSON	١ \$			0011101011			42		47				\$
	43	 	DI.			COLLISION			43						9
LININGLIDED	42 46	CSL _	BI EA PER \$					_	46						
UNINSURED MOTORIST	43 47	BI EACH ACCID	DENT \$			TOWING			46			\$			
	45 50	PROPERTY DA				& LABOR									
LINDEDINGLIDED	42 46	CSL	」BI 」EA PER \$									ERCHAN			
UNDERINSURED MOTORIST	43 47	BI EACH ACCID	DENT \$			COVERAG	GES	SY	MBOL	# TR	AILER	S FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45 50					COMP / OTC			48						
NON-TRUCKERS	YES STATES	COST OF HIRE		IF ANY BA	SIS	COMP/OTC	,		49						
HIRED / BORROWED	NO	\$		•		SPECIFIED			48						
TRUCKERS	YES STATES	COST OF HIRE		IF ANY BA	SIS	CAUSES OF	LOSS		49						
HIRED / BORROWED LIABILITY	NO	\$							48						
	YES STATES	GROUP TYPE		NILIN	MBER OF	COLLISION			49						\$
NON-OWNED	NO	EMPLOYE		INOI	VIDEIX OI	TRAILER VA	JUF	\$	43						
AUTO								ATES	# [DAYS	#	VEH			
LIABILITY		VOLUNTE				-	017		" "	,,,,,	_ ″	V = 1.1			
OTHER		PARTNER	.S												
OTHER						HIRED PHYSICAL									
						DAMAGE									
								CO	VERAG	E IS:		F	PRIMARY	S	ECONDARY
						OTHER									
COVERED AUTO SYME	(-1-) OWNED AUTOS				CIFICALLY DES		D AUT	ros						SESSION OF
(41) ANY AUTO (42) OWNED AUTOS O		OWNED AUTOS COMPULSORY		Α		D AUTOS ONL LERS IN YOUR		=00IC	או וואום	ED			R TRUCKE ANGE AGI		A TRAILER
(43) OWNED COMMER		MOTORIST LAW				AILER INTERC							NED AUTO		
ENDORSEMENT	S / REMARKS (ACOF	RD 101, Addit	ional Rem	arks Scl	hedule, ma	y be attac	hed if	mo	re sp	ace	is re	guired)		
	,				·				-						
SIGNATURE															
	THAT I HAVE BEEN OFFI	ERED UNINSUF	RED / UNDEF	RINSURE) (MIU / MU) C	MOTORISTS	BODII	LY IN	JURY	(BI) (COVE	RAGE (JP TO TH	IE LIMIT(S) OF MY BI
LIABILITY COVER	RAGE, AND UM PROPE														
SUPPLEMENT, AC	ORD 61 IL.														
	HAT THE COVERAGE SE						IY STA	TE S	SUPPL	EME	NT W	ILL APF	LY TO A	LL FUTU	RE POLICY
RENÉWALS, CON	TINUATIONS AND CHAN	GES UNLESS I	NOTIFY YO	U OTHER	RWISE IN WR	RI ΓING.									
APPLICANT'S SIGNATI	URE		DATE		PRODUCER'S	SIGNATURE							NATION	NAL PROD	UCER NUMBER

AGENCY	CUSTOMER II	٦.

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																										
COVERAGES	co	VERE	D A	UTO	SYN	BOLS	3			LIMITS					PHYSICAL DAMAGE COVERED DESCRIPTION DE LA CONTROL DE LA CONT											
		61		67	7				CSL _	E	BI EA PER	\$			COVER	AGES	Α	COV UTO S	ERED YMBC	LS			LIMITS		DEDUCTIBLE	
LIABILITY		62		68	3		В	I EAG	CH ACC	IDEN	Т	\$						62		67						
LIABILITY		63		71	i		Р	'ROP	ERTY D	AMA	GE	\$			COMP / OT	C		63		68					\$	
		64																64	\perp							
															005015155			62		67	s	SCL	FT	LSP		
															CAUSES O			63		68	F	٠ [FTV	V	\$	
							+											64	_			_				
															001110101			62		67						
															COLLISION	l		63		68					\$	
				Τ.,			+	—		—							-	64	+	+		—				
MEDICAL PAYMENTS		62 63	_	64			E	ACH	PERSO	ıN		\$			TOWING & LABOR			63 67		-	\$					
		62		66		71	.	\top_{ι}	CSL	Ę	BI EA PER	•					_	07	TRAI	LER IN	TERCI	HΔN	IGF			
UNINSURED		63		67		⊢′'			CH ACC			\$			COVER	AGES	SY	MBOL					# DAYS	RADIUS	DEDUCTIBLE	
MOTORIST		64		68					ERTY D			\$						69			201	1 L				
		62		66		71	\top		CSL		BI A PER				COMP / OT	C		70								
UNDERINSURED MOTORIST		63		67					CH ACC			\$			SPECIFIED)		69								
		64		68	3										CAUSES O			70								
NON-TRUCKERS		YES	3	- ;	STA	TES	С	OST	OF HIR	E		II	F ANY BA	SIS	001110101			69								
HIRED / BORROWED		NO					\$	i							COLLISION	l		70							\$	
TRUCKERS HIRED / BORROWED		YES	3	;	STA	TES	С	OST	OF HIR	E		18	F ANY BA	ASIS	TRAILER V	ALUE	\$									
LIABILITY		NO					\$;								STA	ATES	#	DAYS	#	VEH					
	YES STATES						G	ROL	JP TYPE			г	NUI	MBER OF	4											
NON-OWNED AUTO		NO						_ E	MPLOY	OYEES HIRED PHYSICAL																
LIABILITY									/OLUNT		3	-			DAMAGE											
OTHER					—		+	PARTNERS						-						_	ᅱ					
OTTEN															OTHER	OTHER			COVERAGE IS:				RIMARY	5	SECONDARY	
COVERED AUTO SYME	COVERED ALITO SYMPOLS								OWNED COMMERCIAL AUTOS ONLY (67) SPECI							CIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION O										
(61) ANY AUTO						(6	5) O\	WNE	D AUTO	S SU	BJECT	TO N	O-FAULT	ILERS IN YOUR POSSESSION UNDER (IN) TOUR TRAILERS IN THE POSSESSION ANOTHER TRUCKER UNDER A TRAIL INTERCHANGE AGREEMENT												
(62) OWNED AUTOS O (63) OWNED PRIVATE		S AUT	os	ONL'	Y.	(6			D AUTO UNINSL				COMPUL LAW		IILERS IN YOU RAILER INTER								ANGE AG NED AUT			
ENDORSEMENT	s/	REN	ΛA	RKS	S (A	COF	RD	101	, Add	itio	nal Re	ema	rks Sc	hedule, m	ay be atta	ched if	mo	re s	pace	is re	quir	ed))			
SIGNATURE																										
I ACKNOWLEDGE	THA	TIL	IAV	E BE	EEN	OFF	ERE	ED U	NINSL	IREC) / UNE	DERII	NSURE	D (UM / UIM)	MOTORIST	S BODI	LY IN	JUR	Y (BI)	COVE	RAG	ΕU	JP TO TI	HE LIMIT	S) OF MY BI	
LIABILITY COVER SUPPLEMENT, AC				UM	۲F	KOPE	KIY	r Di	AMAGE	: 00	JVERA	٩GE	AS API	PLICABLE.	I HAVE SE	LECTE	רו כ⊢	ı⊨ Ll	MIIS	INDI	CATE	ו ט	HERE A	AND IN	IHE STATE	
I UNDERSTAND T				O\/E	RΔ	GE S	FLE	СТ	ON AN	יו ח	MIT C	HOIC	ES IND	ICATED HE	RE OR INI A	NY STA	TF 9	:I IPP	IEME	NT \^	/ ^	PP	I Y TO /	III FIITI	IRE POLICY	
RENEWALS, CON																111 JIA	3	,UPP	LLIVIE	_INI V\	ILL A	. [_1 10 /	I U I (ALL OLICE	
APPLICANT'S SIGNATI	JRE									D/	ATE			PRODUCER	'S SIGNATURE								NATIO	NAL PROD	UCER NUMBER	