AGENCY CUSTOMER ID:

R
ACORD

MASSACHUSETTS COMMERCIAL AUTO

DATE	(MM/DD/YYYY)
DAIL	(17117)

ACORD	,								COVE	ERAG	ES/LI	MITS S	SECTION	1									_ (,	
AGENCY	AGENCY NAMED IN													D INSURED(S)											
POLICY NUMBER										EFFEC	TIVE DATE	CARRIE	ARRIER											NAIC CODE	
BUSINESS AUT	USINESS AUTO SECTION																								
COVERAGES													COVERA	GES	co	VERE	D AUT	o s	YMBO	DLS			LIMIT	s	
BODILY		1		4		9		BI EACH P	ERSON	\$															
INJURY		2		7		1	BI E	ACH ACCID	ENT	\$															
LIABILITY		3		8																					
COMPULSORY		5					PER PER	SON \$			D \$														
PERSONAL INJURY PROTECTION		7						YOURSELI	=	YOURSE FAMILY	ELF AND MEMBERS														
TROTEGRATOR						\longrightarrow																			
COMPULSORY: DAMAGE TO		1		4		9																			
SOMEONE ELSE'S PROPERTY		2		7		J	EAC	H ACCIDEN	Т	\$					1		PHY	SICA	L DA	MAG	AGE				
OPTIONAL		3		8	Т	+							OPTIONAL TOWING & L	ABOR		3					\$				
MEDICAL		2		4		8	EAC	H PERSON		\$						7				_					
PAYMENTS		3		7		\vdash		CCI	BI EA PER	. •			OPTIONAL COMPREHE	NSIVE		2		7		8					
COMPULSORY UNINSURED		3		6			BLE	CSL ACH ACCID	_	ξ \$			OPTIONAL			2				8					
MOTORIST		4		1				PERTY DAI		\$			SPECIFIED CAUSES OF	LOSS		3		7 8							
		2		6				CSL	BI EA PER				OPTIONAL			2		4		8					
UNDERINSURED 3 7							BI E	ACH ACCID	_	\$			COLLISION			3		7							
		4							_																
OPTIONAL		1		4		9		CSL	BI EA PER	₹ \$															
BODILY INJURY 2 7							BI E	ACH ACCID	ENT																
		3		8				MOTORCY	CLE GUE	ST OCCI	UPANT EXC	LUSION		I											
OPTIONAL HIRED / BORROWED		YES	5	S	STATE	ES		T OF HIRE	L	IF A	ANY BASIS			STAT	ES	# D/	AYS	# VEH			COVE	RAGE /	DEDU	JCTIBLE	
LIABILITY		NO			TATE		\$						OPTIONAL												
OPTIONAL	OPTIONAL YES STATES NO							OUP TYPE	-0		NUMBER	ROF	HIRED PHYSICAL									OMP SPEC OF L	\$		
NON-OWNED LIABILITY							EMPLOYEES VOLUNTEERS						DAMAGE								$\vdash \vdash c$; OF L	\$		
								PARTNERS					-		COVE	RAGE IS: F					PRIMARY SECONDARY			FCONDARY	
COVERED (1) ANY			0.01					(4) OWNE				TE PASSENG							SPEC	IFICALL	Y DESC	RIBE	D AUTOS	
AUTO (2) OWI SYMBOLS (3) OWI					ENGE	ER AU	TOS (S SUBJECT S SUBJECT		IUL I IPULSORY UN	INSURED	МОТО	ORIST	S LAV	N			D AUTO: OWNED			.Y	
ENDORSEMENT	S/	REN	IAR	KS	(AC	ORI	D 10	1, Addit	ional R	emark	s Sched	ule, ma	y be attac	hed if r	nore	spa	ice i	s re	qui	red)				
SIGNATURE																									
FAIR CREDIT REF obtained, including interviews with you scope of this invest NOTICE: If you or incomplete informat information include application about a Rating Board may	, if a ur fried tigation some ation at the all list	pplicends, on with eone increased desi	able neigill be else ease cripti	e, info ghbo pro e on es ou ion a ators	orma ors a video your ur ris and t	ation as and as d. or beha sk of the pla neck to	as to ssocial alf gir loss, ace coma	character ates. Upon ves us fals we may if garaging ike certain	, genera n written se, dece refuse to g of the vo	n reputa reques ptive, m po pay cl rehicle(s ou have	ation, personation, personation, personation, personation, received a laims under the correctly limited and the correct limited and	onal char I within a or incomp er any or ured, the sted all o	acteristics and reasonable blete information all of the Conames of opperators and	nd mode time, act tion in the optional perators d the co	of live didition of live application of live a	ring. hal de plicat ance red to	This etaile tion a Parts be liss of	inford into ind indicate indic	rmati form f suc d we l and r pre	ion is ation th fa e ma I the	s obtain n conce alse, de ay cand answe	ned threatherning the ceptive cell you ers to que	rough the r e mis ur po uesti	n personal nature and leading or licy. Such ons in this	
I UNDERSTAND T RENEWALS, CON														/ STATE	SUP	PLE	MEN	TW	ILL A	APPL	LY TO	ALL FL	JTUF	RE POLICY	
APPLICANT'S SIGNAT									DATE				SIGNATURE								NATI	ONAL P	ROD	UCER NUMBER	

ACORD 137 MA (2015/12)

ACENCY	CUSTOMER	ID:

TRUCKERS SECTION AGENCY CUSTOMER ID:																								
COVERAGES	COVERED AUTO SYMBOLS									LIMIT	rs		PHYSICAL DAMAGE COVERED											
BODILY		11	_ 4	46			BI EACH PERSON \$ BI EACH ACCIDENT \$						ļ	COVERA	GES	A	UTO S	YMBO	LS		LIMIT	DEDUCTIBLE		
INJURY LIABILITY		12	_ 4	47		BIE							OPTIONAL		42		47					\$		
	- 4	13		50		DEI								COMPREHE	NSIVE		43		J					•
COMPULSORY PERSONAL INJURY	<u> </u>	14				PE	RSON	\$		7 voi	DED \$	ID	-				46	_	-			_		
PROTECTION		16	_				YOUR	SELF	=	FAN	URSELF AN MILY MEMB	ERS		OPTIONAL		42 47 SCL		F	т	LSP				
COMPULSORY: DAMAGE TO		⁴¹ _	_ 4	46					_					SPECIFIED CAUSES OF	LOSS		43		J	F	F	TW		\$
SOMEONE ELSE'S PROPERTY	 '	12	_ 4	47		EAG	CH ACC	IDEN	I	\$	5		-				46	_						
		13		50										OPTIONAL			42		47					
OPTIONAL MEDICAL		12		46		EAG	CH PER	SON		\$	3			COLLISION		43]					\$	
PAYMENTS	-	43	+			+			BI								46							
COMPULSORY UNINSURED		12	- 4	46			CSL		_	ER \$				OPTIONAL TOWING & L	ABOR		46			\$				
MOTORIST		43 <u> </u>				BI EACH ACCIDENT \$																		
	-	45 	\top			PR	OPERT	Y DAN	_	\$				001/504		01/				FARTH ZONE				
UNDERINSURED		12		46		-	CSL		BI EA P				ŀ	COVERAG	GES	SY	MBOL	# TR	AILER	ZONE	# DAY	SR	ADIUS	DEDUCTIBLE
MOTORIST		43 <u> </u>				BIE	ACH A	CCID	ENI	\$	5			OPTIONAL COMPREHE	NSIVE		48							
	-	45 				+	001		ВІ	ER \$				OPTIONAL	INOIVE	_	49	+						
OPTIONAL BODILY INJURY		41 46					CSL							SPECIFIED CAUSES OF	1000		48							
TO OTHERS	42 47 50					BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION									L033	_	49 48	+		+				
OPTIONAL	-	+3 YES		STATES		CO	ST OF H		CLE G	DEST	IF ANY B		IN	OPTIONAL COLLISION			49							\$
NON-TRUCKERS HIRED / BORROWED	-	NO				\$	31 01 1	IIIXL] AN D	NOIO	ŀ	TRAILER VA	LUE	\$	45							
OPTIONAL	١,	YES		STAT	ΓES	1	ST OF H	HIRF			IF ANY B	ASIS			STA	TES	# [DAYS	#	VEH				
TRUCKERS HIRED / BORROWED		NO				\$		_] /	.0.0												
	١,	YES		STAT	ΓES	1	OUP TY	Έ	N			MBER OF		OPTIONAL HIRED										
OPTIONAL NON-OWNED		OV					EMPL	OYEI	ES					PHYSICAL										
AUTO							VOLU	NTE	ERS					DAMAGE										
LIABILITY							PART	NERS	3							CO	VERAG	SE IS:		F	PRIMAR'	Y	s	ECONDARY
OTHER											'			OTHER										
COVERED AUTO SYMBO	DLS										NO-FAUL			FICALLY DES) AUT	os							SESSION OF
(41) ANY AUTO (42) OWNED AUTOS ON	LY				(45		NED AU IPULSC) A			ED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER ILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT										
(43) OWNED COMMERC							ORIST							ILER INTERC						NON-OW		TOS	ONLY	
ENDORSEMENTS	3 / R	EMA	RK	(S (A	COR	RD 1	01, Ad	ddit	ional	Rem	narks Sc	hedule, ı	may	be attac	hed if	mo	re sp	ace	is re	quired)			
SIGNATURE																								
FAIR CREDIT REPO)RTII	NG A	СТ	In co	nnecti	ion w	ith you	r ann	licatio	n for i	ingurance	and as na	rt of	our normal	underw	riting	nroc	edure	an ir	vestica	tive co	neun	ner reno	ort may he
obtained, including,	if ap	olicab	ole, i	inforn	nation	as to	chara	acter	, gene	eral re	putation,	oersonal c	hara	cteristics ar	nd mod	le of	living	. This	infor	mation i	s obtai	ned	through	n personal
interviews with your scope of this investig						assoc	iates.	Upoi	n writt	en red	quest, rec	eived withi	in a	reasonable	time, a	addit	ional	detail	ed inf	ormatio	n conce	ernin	g the r	ature and
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NOTICE: If you or so incomplete informati																								
information includes																								
application about all Rating Board may ve																					ıs drivii	ng re	ecords.	The Merit
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		115 6	01/																		N N TO			DE DOLICY
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICARENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERW															IY STA	TE S	UPPL	_EME	NT W	ILL API	LY IC) ALL	_ FUIU	RE POLICI
APPLICANT'S SIGNATUR	INUA									Y YC		RWISE IN	WRI		IY STA	TE S	SUPPL	EME	NT W	ILL API				JCER NUMBER

AGENCY	CUSTOMER ID:	

MOTOR CARRIER SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE																							
COVERAGES	со	VERE	D AL	JTO S	SYMI	BOLS		LIMITS PHYSICAL DAM.										AGE	:				
		61		67				BI EACH	H PERSC	SON \$	\$		COVERA	GES	A	COVI UTO S	ERED YMBO	LS			LIMITS		DEDUCTIBLE
BODILY INJURY		62		68			BIE	ACH ACC	IDENT		\$					62		67					
LIABILITY		63		71									OPTIONAL COMPREHE	ENSIVE		63		68					\$
		64														64							
COMPULSORY		65					PER PER	SON \$	_		DED \$ OURSELF		OPTIONAL			62		67	s	CL	FT	LS	P
PERSONAL INJURY PROTECTION		67						YOURSE	Y	SPECIFIED			63		68	F	: [FT	W	\$			
FROTECTION													CAUSES OF	LOSS		64							
COMPULSORY:		61		64		71										62		67					
DAMAGE TO SOMEONE ELSE'S		62		67	67		EAC	H ACCIDE	ENT		\$		OPTIONAL COLLISION			63		68					\$
PROPERTY		63		68		_										64							
OPTIONAL MEDICAL		62		64			EACH PERSON \$									63			\$				
PAYMENTS		63		67			LAC	TENSO					TOWING & I	LABOR		67			Ψ				
COMPULSORY		62		66				CSL	BI	PER	\$												
UNINSURED MOTORIST		63		67			BIE	ACH ACC	IDENT		\$												
		64	64					PERTY D			\$												
UNDERINSURED		62		66				CSL	BI	PER	\$				_				TERCH		GE		
MOTORIST		63		67			BIE	ACH ACC	IDENT		\$	COVERA	GES	SY	MBOL	# TR	AILEF	RS FAR	ĮĘ,	# DAYS	RADIU	DEDUCTIBLE	
		64				L.,		l DI				OPTIONAL COMPREHE	ENIOIVE		69								
OPTIONAL		61		64		71		CSL	EA	PER	\$			ENSIVE	_	70				\dashv			
BODILY INJURY TO OTHERS		62 67				BIE	ACH ACC	IDENT		\$	OPTIONAL SPECIFIED			69									
OPTIONAL		63		68						GUES		NT EXCLUSION	CAUSES OF	LOSS	_	70	+		+	+			
NON-TRUCKERS		YES NO		3	TAT	ES		ST OF HIR	E		IF ANY	BASIS	OPTIONAL COLLISION			69							\$
HIRED / BORROWED OPTIONAL		YES		-	TAT	E0	\$				T		TRAILER VA	NI LIE	\$	70				_			
TRUCKERS		NO		3	1711	LS		ST OF HIR	E		IF ANY	BASIS	TRAILLIN VA	_	⊥Ψ ATES	# [DAYS	+	# VEH	\neg			
HIRED / BORROWED	YES STATES					FS	\$	NID TVDE			+	017		"-	,,,,	,	, , , , , ,						
OPTIONAL		NO		Ŭ			GRU	OUP TYPE			r	UMBER OF											
NON-OWNED AUTO]					EMPLOYEES VOLUNTEERS						HIRED PHYSICAL										
LIABILITY								PARTNE															
OTHER								TAKINE	110				1	COVERAGE IS:						PF	RIMARY		SECONDARY
													OTHER SECONDARY								020011071111		
COVERED AUTO SYME	BOLS										OS ONLY		CIFICALLY DES	SCRIBE	D AU1	ros		(70)	YOUR	TRA	AILERS I	N THE PC	SSESSION OF
(61) ANY AUTO (62) OWNED AUTOS O	NLY										TO NO-FAU TO A COMF		ED AUTOS ONL ILERS IN YOUR		ESSIC	ON UND	ER					ER UNDE REEMEN	R A TRAILER T
(63) OWNED PRIVATE		S AUT	ros (ONLY	′	()		Y UNINSU					AILER INTERC					(71)				OS ONLY	•
ENDORSEMENT	S/	REN	ИAF	RKS	(A	COR	D 10	1, Add	ition	al Re	marks S	chedule, ma	ay be attac	hed if	mo	re sp	ace	is re	quire	(b <u>≀</u>			
SIGNATURE																				_			
FAIR CREDIT REP	OR	ΓING	AC	T: In	cor	nection	on wi	h vour a	pplica	tion fo	or insuranc	e and as part o	of our normal	underv	vritino	a proc	edure	an i	nvesti	aati	ve cons	sumer re	port may be
obtained, including	, if a	pplic	cable	e, inf	form	ation	as to	charact	er, ge	neral	reputation	, personal cha	racteristics a	nd mod	de of	living	. This	info	rmatio	n is	obtain	ed throu	gh personal
interviews with you scope of this invest							SSOCI	ates. Up	on wr	ritten r	request, re	ceived within	a reasonable	e time,	addit	tional	detail	ed in	tormat	ion	concer	ning the	nature and
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NOTICE: If you or incomplete information																							
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application about a Rating Board may																				บนร	arivin(records	s. The Merit
I UNDERSTAND T					_							•								PPI	Y TO	ALL FUT	URE POLICY
RENEWALS, CON														. 5.7								• 1	
APPLICANT'S SIGNATU	JRE								DAT	ΓE		PRODUCER'S	S SIGNATURE								NATIO	NAL PRO	DUCER NUMBER
I									1												1		