AGENCY CUSTOMER ID:

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ACORD

FLORIDA COMMERCIAL AUTO

		_
DATE	(MM/DD/YYYY)	

COVERAGES / LIMITS SE																					DATE (MM/DD/YYYY)		
AGENCY																						NA	IC CODE
POLICY NUMBER EFFECTIVE I										EN	NAMED	INSURED(S)											
BUSINESS AUT	O SECT	ION																					
COVERAGES	COVERE		SYME	BOLS				LIMITS	S			COVERA	AGES	СО	VER	ED AU	TO S	YMB	OLS			LIMITS	
LIABILITY	1 2 3 4	7 8 9			COMBINED SINGLE LIMIT (CSL) BODILY INJURY (BI) EACH PERSON BODILY INJURY (BI) EACH ACCIDENT PROPERTY DAMAGE \$																		
PERSONAL INJURY PROTECTION (P.I.P.)	5 7				Attach ACORD 62 FL.							TOWING	PHYSICAL DAMAGE					E \$					
			_	_								& LABOR			7					_			
EXTENDED P.I.P. ADDITIONAL P.I.P. MEDICAL	5 5 2	7 7 4		8	Attach ACORD 62 FL. Attach ACORD 62 FL. EACH PERSON \$							COMPREHE OTHER THA COLLISION (COMP / OT	2										
UNINSURED	3 2 3	7 6 7				h ACORD		\$				SPECIFIED CAUSES OF (SPEC C of L	3 2		4 7 4		8						
MOTORIST (UM)	4											COLLISION	3		7								
HIRED / BORROWED LIABILITY	VED YES STATES NO				COST OF HIRE IF ANY BASIS					3			STA	ΓES	# 0	DAYS		# VEH	1		/ERAGE /	DEDUCT	ΓIBLE
NON-OWNED LIABILITY	YES NO	٤	STATE	S		UP TYPE EMPLOYE VOLUNTE			NUMB	ER C)F	HIRED PHYSICAL DAMAGE									SPEC C OF L \$ COLL \$		
	NED AUTO		05110				(4) OWN (5) OWN	IED AU	TOS SUBJEC	T TC	NO-FA	ATE PASSENGER AUTOS ONLY (7) SPECIF AULT (8) HIRED						IFICA D AUT	RIMARY SECONDARY FICALLY DESCRIBED AUTOS AUTOS ONLY DWNED AUTOS ONLY				
ENDORSEMENT	NED PRIVA		_	_			. ,											. ,					
SIGNATURE																							
ANY PERSON WI CONTAINING ANY																		NT	OF (CLAIN	√I OR A	n appl	LICATION
I ACKNOWLEDGE ACKNOWLEDGE ACORD 62 FL. I FUTURE POLICY	THAT I HAUNDERS	AVE BE	EEN (THAT	OFFE THE	RED F	PERSON ERAGE :	AL INJ	URY F TION .	PRÓTECTIC AND LIMIT	N (I CH	NO-FA OICES	ULT) COVE	RAGE (HERE	OPTIC OR II	NS	IN TH	IE S	UPP	LEM	IENT	TO THIS	S APPL	ICATION,
PRODUCER'S SIGNAT	URE							F	PRODUCER'S	NAN	/IE (Plea	se Print)								STATE PRODUCER LICENSE NO (Required in Florida)			
APPLICANT'S SIGNATURE											DATE								NATIONAL PRODUCER NUMBER				

		MFR	

TRUCKERS SEC	TRUCKERS SECTION AGENCY COSTOMER ID																					
COVERAGES COVERED AUTO SYMBOLS								1	PHYSICAL DAMAGE													
		41 47					CON	MBINED SINGLE	COVERAG	ES	Δ.	COVE UTO SY	RED (MBO)	ıs			DEDUCTIBLE					
	47 LIMIT (CSL) 3 BODILY INJURY (BI) \$ EACH PERSON \$								COMPREHENSIVE / 42					47								
LIABILITY		43			•		BOD	DILY INJURY (BI)	\$			OTHER THAN COLLISION			43		1 "				\$	
		46		_				CH ACCIDENT OPERTY DAMAGE	\$			(COMP / OTC	;)		46		'				*	
		40					1110	JI EIRIT DAWARGE	Ψ						42		47	SCL	FT	LSF	,	
PERSONAL INJURY		1										SPECIFIED CAUSES OF I	LOSS		1		47	F				
PROTECTION	ROTECTION						Atta	ch ACORD 62 FL.				(SPEC C of L)			43		,		FT	VV	\$	
(P.I.P.)		46												46	1							
				_	_			1 400DD 00 FI					2011)		42		47					
EXTENDED P.I.P.		44		46	3		_	ch ACORD 62 FL.				COLLISION (COLL)			43]				\$	
ADDITIONAL P.I.P.		44		46	3		Atta	ch ACORD 62 FL.							46		_					
MEDICAL		42		46	3		EAC	CH PERSON	\$			TOWING			46			\$				
PAYMENTS		43					-					& LABOR						<u> </u>				
UNINSURED		42		46	3													ERCHAI				
MOTORIST (UM)		43					Atta	ch ACORD 61 FL.				COVERAG	ES	SY	MBOL	#TR	AILER	ZONE	# DAYS	RADIUS	DEDUCTIBLE	
		45										COMP / OTC			48							
												COIVIP / OTC			49							
												SPECIFIED			48							
												CAUSES OF I	LOSS		49							
NON-TRUCKERS		YES	S	;	STAT	ES	cos	ST OF HIRE		IF ANY BASIS		0011101011			48							
HIRED / BORROWED		NO					\$					COLLISION			49						\$	
TRUCKERS		YES	S	;	STAT	ES	cos	ST OF HIRE		IF ANY BASIS		TRAILER VAL	UE	\$								
HIRED / BORROWED LIABILITY		NO					\$						STA	TES	# 0	DAYS	#	VEH				
		YES	S	S	STATE	ES	GRO	OUP TYPE		NUMBER OF												
NON-OWNED		NO						EMPLOYEES				HIRED	ED									
AUTO LIABILITY		_						VOLUNTEERS				PHYSICAL DAMAGE										
EN ENETT I								PARTNERS				D/ W// CC										
OTHER								-						CO,	VERAG	E IS:		F	PRIMARY		SECONDARY	
												OTHER						1				
COVERED AUTO SYM	COVERED AUTO SYMBOLS (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF												PECESSION OF									
(41) ANY AUTO		•					5) OW	NED AUTOS SUBJE	CT TO	O A (47)	HIRE	ED AUTOS ONL	_Y				(49)				R A TRAILER	
(42) OWNED AUTOS ((43) OWNED COMME			TOS (INC	Υ			MPULSORY UNINSU TORIST LAW	RED	(48)		ILERS IN YOUF RAILER INTERC					(50)			GREEMEN TOS ONLY		
ENDORSEMENT						COB				arka Sahadula							- ' '					
LINDONSLINENT	31	KLI	VIAIN	inc) (A	COR	טוע	71, Additional P	CIII	arks Scriedule,	IIIa	y De allaci	ieu ii	1110	ie sp	ace	13 16	quireu	, п арр	iicabie)		
SIGNATURE																						
ANY PERSON WH																		NT OF	CLAIM C	OR AN AI	PPLICATION	
I ACKNOWLEDGE																						
ACKNOWLEDGE ACORD 62 FL. 1 UFUTURE POLICY	JND	ERS	TAN	D T	ГНΑ	T THE	CO\	/ERAGE SELECT	ION	AND LIMIT CHOIC	CES	INDICATED	HERE	OR	IN AN							
PRODUCER'S SIGNATU	JRE		-							PRODUCER'S NAME (Pleas	se Print)							STATE (Requi	PRODUCI	ER LICENSE NO	
ADDI ICANTIO CIONICE	.D.															ATE			' '	NATIONAL PRODUCER NUMBE		
APPLICANT'S SIGNATI	JKE															AIE			NATIO	IVAL PKUL	OCER NUMBER	

MOTOR CARRIE																			
COVERAGES	CO	/ERE	D AU	TO S	YMB	OLS		COMBINED SINGLE COVERED COVERED									E		
		61		67			COMBINED SINGLE LIMIT (CSL)	\$		COVERAC	A	UTO SY	MBOLS			LIMITS		DEDUCTIBLE	
LIABILITY		62		68			BODILÝ INJURY (BI) EACH PERSON	COMPREHE			62		67						
2,7,12,12,17,1		63		71			BODILY INJURY (BI) \$ EACH ACCIDENT			OTHER THAI		63		68				\$	
64					PROPERTY DAMAGE	(COMP / OTO	C)		64										
								SPECIFIED		62	67 SCL		FT	LSP					
PERSONAL INJURY	65							CAUSES OF LOSS			63		68	F	FTV	v	\$		
PROTECTION (P.I.P.)		67					Attach ACORD 62 FL.	(SPEC C of L)			64			_			·		
,										62		67							
EXTENDED P.I.P.		65		67			Attach ACORD 62 FL.			COLLISION ((COLL)		63		68				\$
ADDITIONAL P.I.P.		65		67			Attach ACORD 62 FL.			1			64						
MEDICAL		62		64						TOWING			63						
MEDICAL PAYMENTS		63		67		ı	EACH PERSON	\$		& LABOR			67	\$					
		62		66									٠.	TRAILE	RINT	ERCHAN	IGE		
UNINSURED		63		67			Attach ACORD 61 FL.	COVERAG	GES .	SY				FARTH ZONE		RADIUS	DEDUCTIBLE		
MOTORIST (UM)		64											69			ZONE			
		<u> </u>								COMP / OTC			70						
													69						
										SPECIFIED CAUSES OF	LOSS		70						
NON-TRUCKERS		YES	 }	S	TATE		COST OF HIRE				69								
HIRED / BORROWED		NO					\$	COLLISION			70						\$		
TRUCKERS		YES		S	TATE		COST OF HIRE		IF ANY BASIS	TRAILER VALUE		\$	70						
HIRED / BORROWED LIABILITY		NO					\$			STA		TES	# D	AYS	#\	/EH			
LI/OILI I		YES		ST	ATES		GROUP TYPE		NUMBER OF										
NON-OWNED		NO							NOWBER OF	HIRED									
AUTO							EMPLOYEES			PHYSICAL									
LIABILITY							VOLUNTEERS			DAMAGE									
OTHER							PARTNERS			-									
OTHER										OTHER		CO	VERAG	E IS:			RIMARY	S	ECONDARY
										OTHER									
COVERED AUTO SYN (61) ANY AUTO (62) OWNED AUTOS (63) OWNED PRIVATE	ONLY		TOS	ONLY	Y	(65	4) OWNED COMMERCIA 5) OWNED AUTOS SUBJ 6) OWNED AUTOS SUBJ SORY UNINSURED M	IECT TO	O NO-FAULT (68) HIR O A COMPUL- (69) TRA	ECIFICALLY DE ED AUTOS ON VILERS IN YOU RAILER INTER	LY R POSS	ESSI	ON UNI			ANOTHE INTERCI	R TRUCK	ER UNDER	SSESSION OF R A TRAILER F
ENDORSEMENT	S/	REN	/IAR	KS	(AC	OR	D 101, Additional	Rem	arks Schedule, ma	y be attacl	hed if	mo	re sp	ace i	s rec	uired	, if appl	icable)	
									•	•								•	

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)			
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER		