

NEW YORK 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	\$	
PERSONAL INJURY PROTECTION	5		7										DED	\$	
OBEL	5		7												
ADDITIONAL P.I.P.	5												WORK LOSS	\$	
	7												OTHER EXP	\$	
WORK LOSS COORD	5		7				YES						NO		
MEDICAL EXP ELIM	5		7										NAMED INSURED AND RELATIVES		
MEDICAL PAYMENTS	2		4		8										
	3		7												
STATUTORY UNINSURED MOTORIST	2		6				CSL		BI		EA		PER	\$	
	3		7										BI EACH ACCIDENT	\$	
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	2		6				CSL		BI		EA		PER	\$	
	3		7										BI EACH ACCIDENT	\$	
HIRED / BORROWED LIABILITY	YES		STATES				COST OF HIRE						IF ANY BASIS		
	NO						\$								
NON-OWNED LIABILITY	YES		STATES				GROUP TYPE						NUMBER OF		
	NO														
							EMPLOYEES								
							VOLUNTEERS								
							PARTNERS								
COVERED AUTO SYMBOLS		(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS				(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW				(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS					

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

THE STATEMENT OF WORKS (SOW) TO THE 10, PARALLEL WORKS CONTRACT, AND, AS ATTACHED A MORE SPACE IS REQUIRED,

SIGNATURE

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN?				Y / N	
NAME OF PLAN		PERSON COVERED		NAME OF PLAN	
				PERSON COVERED	
I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.					
IF YOU HAVE PURCHASED RENTAL VEHICLE REIMBURSEMENT COVERAGE AND YOUR VEHICLE IS DAMAGED AND IS TEMPORARILY OUT OF SERVICE DUE TO A LOSS COVERED UNDER YOUR POLICY, NEW YORK LAW STATES THAT YOU HAVE THE RIGHT TO UTILIZE ANY RENTAL VEHICLE COMPANY, RENTAL VEHICLE LOCATION OR A PARTICULAR CONCERN OF YOUR CHOICE.					
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.					
APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE		NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID:

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

SIGNATURE

ACORD 137 NY (2014/12)

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		61		67		CSL		BI		EA PER	\$	COMP / OTC		62		67			\$			
		62		68		BI EACH ACCIDENT		\$		63			68									
		63		71		PROPERTY DAMAGE		\$		64												
		64																				
PERSONAL INJURY PROTECTION		65		67		\$		DED		\$	SPECIFIED CAUSES OF LOSS		62		67		SCL		FT		LSP	\$
OBEL		65		67		\$							63		68		F		FTW			
ADDITIONAL P.I.P.		65				\$		WORK LOSS		\$			64									
WORK LOSS COORD		65		67			YES		NO		COLLISION		62		67						\$	
MEDICAL EXP ELIM		65		67		NAMED INS ONLY			NAMED INSURED AND RELATIVES				63		68							
MEDICAL PAYMENTS		62		64		EACH PERSON		\$		TOWING & LABOR		63				\$						
		63		67								67										
STATUTORY UNINSURED MOTORIST		62		66		CSL		BI		EA PER	\$	TRAILER INTERCHANGE										
		63		67		BI EACH ACCIDENT		\$				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE				
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)		62		66		CSL		BI		EA PER	\$	COMP / OTC		69								
		63		67		BI EACH ACCIDENT		\$					70									
		64											69									
NON-TRUCKERS HIRED / BORROWED		YES		STATES		COST OF HIRE		IF ANY BASIS			COLLISION		69									
		NO				\$						70							\$			
TRUCKERS HIRED / BORROWED LIABILITY		YES		STATES		COST OF HIRE		IF ANY BASIS			TRAILER VALUE	\$										
		NO				\$					HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH								
NON-OWNED AUTO LIABILITY		YES		STATES		GROUP TYPE		NUMBER OF														
		NO				EMPLOYEES																
						VOLUNTEERS																
						PARTNERS																
OTHER											OTHER	COVERAGE IS:			PRIMARY		SECONDARY					

COVERED AUTO SYMBOLS
 (61) ANY AUTO
 (62) OWNED AUTOS ONLY
 (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY
 (65) OWNED AUTOS SUBJECT TO NO-FAULT
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS
 (68) HIRED AUTOS ONLY
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER 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**

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN?				Y / N	
NAME OF PLAN		PERSON COVERED		NAME OF PLAN	
I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.					
IF YOU HAVE PURCHASED RENTAL VEHICLE REIMBURSEMENT COVERAGE AND YOUR VEHICLE IS DAMAGED AND IS TEMPORARILY OUT OF SERVICE DUE TO A LOSS COVERED UNDER YOUR POLICY, NEW YORK LAW STATES THAT YOU HAVE THE RIGHT TO UTILIZE ANY RENTAL VEHICLE COMPANY, RENTAL VEHICLE LOCATION OR A PARTICULAR CONCERN OF YOUR CHOICE.					
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.					
APPLICANT'S SIGNATURE		DATE		PRODUCER'S SIGNATURE	
				NATIONAL PRODUCER NUMBER	