## AGENCY CUSTOMER ID:

ACORD®

## MISSOURI COMMERCIAL AUTO

DATE	(MM/DD/YYYY)

ACORD	)								COV	ERAC	GES/I	LIM	IITS S	SECTION	U . U								-,	_ (	, 2 2, .	,
AGENCY												ı	NAMED II	D INSURED(S)												
POLICY NUMBER								EFFECTIVE DATE CARR						ER											NAIC C	ODE
BUSINESS AUT	1																									
COVERAGES										LIMITS						co	/ERE	D AU	TO S	YMBO	DLS	LIMITS				
LIABILITY		1 2		4 7		9		SL CH ACCIE	BI SA PER \$ ACCIDENT \$																	
		3		8			PROP	ERTY DA	MAGE	\$																
																		PHY	SICA	L DAMAGE						
														TOWING & LABOR					\$							
														COMP / OTC			2		4 7		8					
MEDICAL PAYMENTS		2		4 7		8	EACH	PERSON		\$				SPECIFIED CAUSES OF	LOSS		2		4 7		8					
UNINSURED MOTORIST		2		6 7				SL	BI EA PE DENT	R \$				COLLISION			2		4 7		8					
		2		6				SL	BI EA PE	R \$																
UNDERINSURED MOTORIST		3 4		7			BI EAC	CH ACCIE	DENT	\$																
HIRED / BORROWED LIABILITY		YES STATES COST OF I							OF HIRE IF ANY BASIS						STATI	ES	# DA	AYS	# VEH			COVERAGE / DEDUCTIBLE  COMP \$				<b>E</b>
NON-OWNED						S	GROUP TYPE NUMBER OF EMPLOYEES						OF	HIRED PHYSICAL DAMAGE								SPEC C OF L \$ COLL \$				
LIABILITY							VOLUNTEERS PARTNERS													_	ᆛ			$\overline{}$		
COVERED (1) ANY AUTO (2) OWN SYMBOLS (3) OWN	NED A	UTO			FNC		JTOS ON		(4) OWNE (5) OWNE	ED AUTO	OS SUBJEC	ULT (8) HII							SPEC	PRIMARY SECONDARY CIFICALLY DESCRIBED AUTOS ED AUTOS ONLY I-OWNED AUTOS ONLY						
ENDORSEMENT									• •											. ,			AUTUS	3 ON	Lĭ	
SIGNATURE																										
I UNDERSTAND A LIMIT(S) INDICATE	DIN	THIS	S AP	PLIC	CATI	ON.																1E. I	HAVE	SEL	ECTED	THE
PREMIUM QUOTE	D IS A	AN E	STI	MAT	ΕO	NLY A	AND TH	IE PREN	AIUM CF	HARGEI	D WILL BI	E IN	ACCOR	DANCE WIT	H THE C	OMF	PANY	'S FI	LED	RAT	ES.					
ELECTRONIC DEL YOU MAY REQUES I REQUEST THAT I	ST TH	TAH	YOU	JR R	ENE	WAL	NOTIC					TRO	NIC MA	IL.												
APPLICANTS SIGN	IATU	RE:																								
I UNDERSTAND TI CHANGES UNLES										HOICE	S INDICA	ATEC	) HERE	WILL APPL	Y TO AL	L FU	TURI	E PC	DLIC	Y RE	NEV	VALS,	CONTI	NUA	ATIONS	AND
APPLICANT'S SIGNATURE										PRODUCER'S SIGNATURE										NATI	NATIONAL PRODUCER NUMBER					

ACORD 137 MO (2015/12)

ACENCY	CUSTOMER II	n.
AGENCI	CUSTOMERII	

TRUCKERS SECTION AGENC												GENCY CUSTOMER ID:																
COVERAGES	co	VERE	D AU	то	SYM	IBOLS		_				LIMIT			PHYSICAL DAMAGE COVERED													
		41		46	3 _			c	SL		BI EA PE	ER \$			COVERA	GES	A	UTO S	YMBO	LS		LII	MITS		DEDUCTIBLE			
LIABILITY		42		47	7		BH	EAC	CH AC	CIDE	DENT \$					_		42		47								
		43		50	)		PR	₹OPI	ERTY	DAM	AGE	\$			COMP/OTO	3		43							\$			
																		46	T		0.0		T					
							+								SPECIFIED		42		47	SC		FTV	LSP	\$				
													CAUSES OF	LOSS		46					2							
MEDICAL		42		46	 6													42		47								
MEDICAL PAYMENTS		43					EA	∤CH	PERS	ON		\$			COLLISION			43		]					\$			
		42		46	3			С	SL		BI EA PE	R \$						46										
UNINSURED MOTORIST		43					ВП	EAC	CH AC	CIDE		\$			TOWING			46			\$							
		45																			Φ							
LINDEDINGUED		42		46	3			c	SL		BI EA PE	R \$									TERCH							
UNDERINSURED MOTORIST		43					BH	EAC	CH AC	CIDE	NT	\$			COVERA	GES	SY	MBOL 48	# TF	RAILEF	RS FAR	E # C	DEDUCTIBLE					
		45 YES			STAT	E6	+								COMP / OTC	COMP / OTC												
NON-TRUCKERS HIRED / BORROWED		NO	,		,,,,,,	LO		COST OF HIRE IF ANY BASIS									-	49										
TRUCKERS		YES		S	STAT	ES	-	COST OF HIRE IF ANY BASIS							SPECIFIED CAUSES OF		49											
HIRED / BORROWED LIABILITY		NO					\$									48												
		YES	3	S	STAT	ES	_	ROU	P TYP	E			NU	MBER OF	COLLISION			49							\$			
NON-OWNED		NO						] E	MPLC	YEE	s				TRAILER VA	LUE	\$											
AUTO LIABILITY								_ v	OLUN	ITEE	RS					STA	ATES	#	DAYS	#	# VEH							
								P	ARTN	ERS																		
OTHER														HIRED PHYSICAL														
														DAMAGE														
							+	_									001	VERAG	25.10			PRIM	4 D)/		SECONDARY			
														OTHER			VERA	JE 10:			PRIIVI	ART		SECUNDART				
COVERED AUTO SYN	BOL	s				(4	14) O\	WNI	ED AU	JTOS	SUBJE	CT TO	) NO-FAUL	.T (46) SPE	SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER													
(41) ANY AUTO (42) OWNED AUTOS	ONLY	,				(4					SUBJE JNINSL		ΟA		ED AUTOS ON AILERS IN YOU		SESSI	ON UN	NDER					ER UNDE				
(43) OWNED COMME	RCIA	L AUT					M	OTO	DRIST	LAW	<u> </u>			` A TI	RAILER INTER	CHANG	E AGI	REEMI	ENT		) NON-	OWNE		OS ONLY				
ENDORSEMENT	S/	REN	IAR	K	3 (A	COF	RD 1	01	, Ad	<u>diti</u>	onal	Rem	arks Sc	hedule, ma	y be attac	hed if	mo	re sp	oace	is re	quire	d)						
SIGNATURE								_																				
I UNDERSTAND A	ND	ACKI	NON	/LE	DG	E THA	AT U		ISUR	ED	AND	UNDE	RINSUR	ED MOTORIS	STS COVER	AGES I	HAVE	BEE	N O	FFER	ED TO	ME.	I HA	VE SEL	ECTED THE			
LIMIT(S) INDICATE																												
PREMIUM QUOTE	D IS	AN E	STI	MA <sup>-</sup>	TE (	ONLY	AND	 TH	IE PR	ЕМІ	UM CI	HARG	ED WILL	BE IN ACCO	RDANCE WI	TH THE	CO	MPAN	IY'S F	ILED	RATE	S.						
ELECTRONIC DEL																												
YOU MAY REQUEST THAT YOUR RENEWAL NOTICES BE SENT TO YOU BY ELECTRONIC M									AIL.																			
I REQUEST THAT RENEWAL NOTICES BE SENT TO ME BY ELECTRONIC MAIL.  APPLICANTS SIGNATURE:																												
AFFLICAIVI 3 SIGN	NA I U	ne:			_			_		_																		
I UNDERSTAND T CHANGES UNLES												CHOIC	CES INDI	CATED HERE	WILL APPL	Y TO /	ALL I	FUTU	RE P	OLIC,	Y REN	EWAL	.s, c	DNTINU	ATIONS AND			
APPLICANT'S SIGNATI	URE							DATE PRODUCER*							S SIGNATURE								NATIONAL PRODUCER NUMBER					
					_			_		_																		

AGENCY	CUSTOMER ID:	
705101	OCCIONENT ID.	

MOTOR CARRIER SECTION  AGENCY CUSTOMER ID:																					
COVERAGES	co	VERE	DΑ	UTO SYMBOLS				MITS				PHYSICAL DAMAGE COVERED									
		61		67		CSL	BI EA PER	\$		COVERA	GES	Α	UTO S	YMBO	LS		LIMI	TS		DEDUCTIBLE	
LIABILITY		62		68		EACH ACCII		\$					62		67						
		63 64		<sup>71</sup>	PR	OPERTY DA	MAGE	\$		COMP / OTC	;		63 64		68					\$	
		04											62		67	SCI		FT	LSF		
										SPECIFIED	1000		63		68	F		FTV		\$	
							CAUSES OF LOSS			64											
												62		67							
							COLLISION			63 6							\$				
		00		0.4	-								64	-							
MEDICAL PAYMENTS		62 63		64	EAG	CH PERSON	1	\$		TOWING & LABOR			63 67		J	\$					
		62		66		CSL	BI EA PER	\$					01	TRAIL	_ER IN	TERCHA	NGE				
UNINSURED MOTORIST		63		67	BIE	EACH ACCII		\$		COVERA	GES	SY	MBOL			s FARTI		DEDUCTIBLE			
WOTOKIST		64								COMP / OTC	`		69								
		62		66		CSL	BI EA PER	\$		COMP / OTC			70								
UNDERINSURED MOTORIST	63 67			BIE	EACH ACCI	DENT	SPECIFIED			69											
		64 YES		STATES						CAUSES OF	LUSS		70								
NON-TRUCKERS HIRED / BORROWED		NO	,	OTATEO	\$	ST OF HIRE		IF ANY BA	ASIS	COLLISION			69 70							\$	
TRUCKERS		YES	3	STATES	1	ST OF HIRE		IF ANY BA	ASIS	TRAILER VA	LUE	\$	10								
HIRED / BORROWED LIABILITY		NO			\$						STA	TES	# [	DAYS	#	VEH					
		YES	3	STATES	GR	OUP TYPE		NU	MBER OF												
NON-OWNED AUTO		NO			EMPLOYE	ES			HIRED PHYSICAL												
LIABILITY						VOLUNTE				DAMAGE											
OTHER	HER				-	PARTNER	RS			-											
OTTER										OTHER		CO	VERAC	BE IS:			PRIMA	RY		SECONDARY	
COVERED AUTO SYMBOLS (64) OW							MERCIAL A	JTOS ONLY	ECIFICALLY DE	SCRIBE	D AU	JTOS		(70)	YOUR	JR TRAILERS IN THE POSSESSION OF					
(61) ANY AUTO (62) OWNED AUTOS (	ONLY	,				DWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY AND										IER TRUCKER UNDER A TRAILER CHANGE AGREEMENT					
(63) OWNED PRIVATE	PAS	S AU		SONLY	SC	RY UNINSU	JRED MOTO	ORIST LAW	AT	RAILER INTER	CHANG	E AGI	REEME	NT		NON-O	WNED		OS ONL		
ENDORSEMENT	S/	REN	ΙΑΙ	RKS (ACOR	D 1	01, Addi	tional Re	emarks Sc	hedule, ma	ay be attac	hed if	mo	re sp	ace	is re	quired	l)				
SIGNATURE																					
I UNDERSTAND A LIMIT(S) INDICATE					T UI	NINSURE	O AND UN	IDERINSUR	ED MOTORIS	STS COVER	AGES H	HAVE	E BEE	N OF	FERE	D TO	ME.	I HA	VE SEI	ECTED THE	
PREMIUM QUOTEI	DIS	AN E	ST	IMATE ONLY A	AND	THE PRE	MIUM CHA	RGED WILL	BE IN ACCO	RDANCE WI	TH THE	CO	MPAN	Y'S F	ILED	RATES					
ELECTRONIC DEL	IVE	RY O	FR	ENEWAL NOT	ICES	s															
YOU MAY REQUES							SENT TO	YOU BY ELE	CTRONIC MA	AIL.											
I REQUEST THAT I	REN	EWA	LN	OTICES BE SI	ENT	TO ME BY	ELECTRO	ONIC MAIL.													
APPLICANTS SIGN	IATL	IRE:																			
I UNDERSTAND TI CHANGES UNLESS								OICES INDI	CATED HERE	E WILL APPL	Y TO A	ALL I	FUTU	RE P	OLICY	' RENE	WALS	, CC	UNITAC	ATIONS AND	
APPLICANT'S SIGNATU		UIIF	1 1	OU UTHEKW	ioe I	IN ANLYI IIN	DATE		PRODUCERIO	S SIGNATURE							NA	4OIT	IAI PPOI	DUCER NUMBER	
AT LIGANT 9 SIGNATO	, INE						DATE		I NODUCER'S	JOHATURE							INA.		ALFRUI	JOEN NUMBER	