AGENCY CUSTOMER ID:

ALASKA COMMERCIAL AUTO

DATE	(MM/DD/YYYY)

ACORD)						-	`	COVE	ERAC	GES/L	LIMI	TS S	SECTION	1								DATE	(IVIIVI) T	''''
AGENCY														NSURED(S)											
POLICY NUMBER										EFFE	CTIVE DAT	TE C	ARRIEF	ł										NAIC (CODE
BUSINESS AUT	O SE	CT	ION	ı																					
COVERAGES			D AU		ҮМВ	ols				IMITS				COVERA	AGES	cov	/EREI	D AU	тоѕ	ΥМВ	oLS		LIN	/ITS	
LIABILITY		1 2		4 7		9	CSL BI EACH A	CCIDE	BI EA PER NT	₹ \$ \$															
		3		8			PROPERT	Y DAM	AGE	\$															
																		PHY	SICA	L DA	MAG	E			
														TOWING & LABOR			3 7					\$			
														COMP / OTC	;		2		4 7		8				
MEDICAL PAYMENTS		2		7		8	EACH PER	SON	DI	\$				SPECIFIED CAUSES OF	LOSS		3		4 7		8				
UNINSURED / UNDERINSURED MOTORIST		3		6 7			BI EACH A	CCIDE	BI EA PER NT	₹ \$ \$				COLLISION			3		7		8				
		4					PROPERT	Y DAM	AGE	\$															
															07475							00/55	.05 / 55	DUGTIN	
HIRED / BORROWED LIABILITY		NO			ATE		COST OF I			IF	ANY BASI	S			STATE	:5	# DA	AYS	7	# VEH	1	СС	MP \$	DUCTIBL	.E
NON-OWNED	IADILITY													HIRED PHYSICAL DAMAGE								SPEC C OF L \$ COLL \$			
LIABILITY								NERS								COVE	RAGE	IS:			Р	RIMARY		SECON	DARY
COVERED (1) ANY AUTO (2) OWI SYMBOLS (3) OWI	NED A	UTO			ENGI	ER AL	TOS ONLY	(4 (5) OWNE	D AUTO	OS SUBJEC	CT TO	NO-FA	TE PASSENGI JLT PULSORY UN	ER AUTOS	ONL	Y		w	(8) H	SPEC	IFICALLY AUTOS OWNED A	ONLY	BED AUT	
ENDORSEMENT																									
SIGNATURE	T		. ,		D= :		-D 00: :-:		NON :=	/ CT =	AND/25	00:		1.000//55 : 5	NE 61: 1:					A) '					
I ACKNOWLEDGE POLICY, I HAVE B													LISIU	N COVERAG	∍E ON AL	L VE	HICI	LES	IN IV	ΊΥ		_	(INITIALS	S)	
I UNDERSTAND T AND CHANGES U											CES INDI	CATE	D HE	RE WILL AF	PPLY TO	ALL	FUT	TURE	E PC	DLIC'	Y RE	NEWAL	.S, COI	AUNITN	TIONS
APPLICANT'S SIGNATI	JRE								DATE		F	PRODU	JCER'S	SIGNATURE								NATIO	NAL PRO	DUCER	NUMBER

ACORD 137 AK (2015/12)

TRUCKERS SE	CTI	ON													AGE	NCY CUST	OME	R ID:									
COVERAGES			ED A	UTO	SYI	MBOLS	5					LI	MITS	3						PH'	YSICAL	DAMA	GE				
		41		4	16			-	CSL		BI EA	PER	\$			COVERA	GES	A	COVE UTO SY	RED MBO	LS		LI	MITS		-	DEDUCTIBLE
LIABILITY		42		4	 17		ВІ	ΕA	CH A	CCID			\$						42		47						
		43		5	0		PR	ROF	PERTY	Y DAN	MAGE		\$			COMP / OTC			43							\$	6
																			46								
																			42		47	so	CL	FT	LS	SP	
																SPECIFIED CAUSES OF	LOSS		43			F		FTV	V	\$	5
		_	_																46	_							
MEDICAL		42		4	16		_ ^	۸ ۵۱	. DED	001			•						42		47						
PAYMENTS		43					EA	ACH	I PER:	SON			\$			COLLISION			43							\$	5
UNINSURED /		42		4	16			(CSL		BI EA	PER	\$					L	46								
UNDERINSURED MOTORIST		43					ВІ	ΕA	CH A	CCID	ENT		\$			TOWING			46			•					
WIOTOKIST		45					PR	ROF	PERT\	Y DAN	MAGE	=	\$			& LABOR						\$					
																						TERCH					
																COVERA	GES	SY	MBOL	# TR	AILER	s FAR	H E #I	DAYS	RADIU	sι	DEDUCTIBLE
																COMP / OTO	•		48								
NON-TRUCKERS		YE	S		STA	TES	cc	OST	OF H	HIRE				IF ANY BAS	IS	001111 7 0 1 0		L	49								
HIRED / BORROWED		NC)				\$									SPECIFIED			48								
TRUCKERS HIRED / BORROWED		YE	S	;	STA	TES	cc	OST	OF H	HIRE				IF ANY BAS	IS	CAUSES OF	LOSS		49								
LIABILITY		NC)				\$									0011101011			48								
		YE	S	;	STA	TES	GF	ROL	JP TY	PΕ				NUMI	BER OF	COLLISION		L	49							\$	•
NON-OWNED AUTO		NC)					_	EMPL	OYE!	ES					TRAILER VA	LUE	\$									
LIABILITY								١	/OLU	NTEE	ERS						STA	ATES	# [DAYS	#	VEH					
							\perp	-	PART	NERS	S																
OTHER																HIRED PHYSICAL											
																DAMAGE											
																		CO	VERAG	E IS:		Ц,	PRIM	MARY		SEC	CONDARY
																OTHER											
COVERED AUTO SY	мвоц	_S												NO-FAULT		ECIFICALLY DE		ED AU	TOS		(49)						ESSION OF
(41) ANY AUTO (42) OWNED AUTOS	ONL	Υ				((45) O' C(ED A PULS) A		ED AUTOS ON AILERS IN YOU		SESSI	ON UN	DER					ER UND BREEME		ATRAILER
(43) OWNED COMME	RCIA	AL AU	ITOS	ONI	LY		M	1OT	ORIS	T LAV	N				AT	RAILER INTER	CHANG	E AGF	REEME	NT	(50)	NON-	OWNE	D AUT	OS ONL	Υ	
ENDORSEMEN'	TS/	RE	MΑ	RK	S (ACO	RD ·	10	1, A	ddit	tion	al R	em	arks Sch	edule, m	ay be attac	ched i	f mc	re s	oace	is re	quir	ed)				
SIGNATURE																											
I ACKNOWLEDGE																N COVERAC	GE ON	ALL	VEHIC	CLES	IN M	Y					
POLICY, I HAVE E	3EEN	N OF	HEF	₹ΕĎ	CO	VERA	4GE I	۲O	K DA	AMA	GE T	UR	ĿΝ	I AL VEHIC	LES.									(1	NITIALS	5)	
I UNDERSTAND AND CHANGES U														DICES IND	ICATED HE	ERE WILL A	PPLY T	ГО А	LL FL	JTUR	E POI	LICY	RENE	EWAL:	S, CON	ITIN	IUATIONS
			INC	/ I I I	ıŢ	JU U		1 \ \ \ \	10E					T :	DD05115===	20101117							1 -		141 == :		NED 1
APPLICANT'S SIGNAT	URE										DAT	E			PRODUCER'S	SSIGNATURE							1.1	ΛΟΓΤΑΝ	IAL PRO	DUC	CER NUMBER

AGENCY CUSTOMER ID:

MOTOR CARRIER SECTION	

COVERAGES	со	VERE	D AU	JTO SYMBOLS	L.,			LIMITS	s								L DAMA	GE			
		61		67		CSL	BI EA PE	ER \$			COVERAG	GES	A	COVE UTO SY	RED MBO	LS		LIN	MITS		DEDUCTIBLE
LIABILITY		62		68	BI E	ACH ACCII	DENT	\$						62		67					
		63		71	PRC	PERTY DA	AMAGE	\$			COMP / OTC	;		63		68					\$
		64			+									64							
											SPECIFIED			62		67	sc		FT [LSP	
											CAUSES OF	LOSS		63		68	F		FTW	V	\$
					+									64					—		
											COLLISION			62 63		67					\$
											COLLISION			64		- 00					Ψ
MEDICAL		62		64							TOWING			63							
PAYMENTS		63		67	EAC	H PERSON	٧	\$			& LABOR			67		'	\$				
UNINSURED /		62		66		CSL	BI EA PE	ER \$							TRAIL	ER IN	ΓERCΗ	ANGE			
UNDERINSURED		63		67	BI E	ACH ACCII	_	\$			COVERAG	GES	SY	MBOL	#TR	AILER	s FART	H E #D	AYS	RADIUS	DEDUCTIBLE
MOTORIST		64			PRC	PERTY DA	MAGE	\$			COMP / OTC	:		69							
											001111 7 0 1 0			70							
											SPECIFIED			69							
											CAUSES OF	LOSS		70	_						
NON-TRUCKERS HIRED / BORROWED		YES		STATES	cos	ST OF HIRE			IF ANY BA	SIS	COLLISION			69							\$
TRUCKERS		NO		074750	\$									70							•
HIRED / BORROWED		YES NO		STATES		ST OF HIRE			IF ANY BA	SIS	TRAILER VA		\$ TES	# 5	AYS		VEH				
LIABILITY		YES		STATES	\$	NUD TVDE			N.I. I.	ADED OF		317	(ILO	# 5	713	#	VLII				
NON-OWNED		NO		OTATEO	GRO	OUP TYPE EMPLOYI	==0		NUN	MBER OF	HIRED										
AUTO LIABILITY		1				VOLUNTE					PHYSICAL DAMAGE										
LIABILITI						PARTNER					DAWAGE										
OTHER													CO'	VERAG	E IS:			PRIMA		S	ECONDARY
											OTHER										
COVERED AUTO SYME	BOLS					IED COMM					CIFICALLY DES		TUA C	os							SESSION OF
(61) ANY AUTO (62) OWNED AUTOS O				(66					NO-FAULT A COMPUL		D AUTOS ONL LERS IN YOUR		ESSIC	N UND	ER					R UNDER REEMENT	A TRAILER
(63) OWNED PRIVATE						Y UNINSUI					AILER INTERC								AUTO	S ONLY	
ENDORSEMENT	S/	REN	MAR	RKS (ACO	RD 10	01, Add	itional	Rem	arks Sc	hedule, m	ay be attac	ched i	t mc	ore sp	ace	is re	equire	<u>;d)</u>			
SIGNATURE																					
I ACKNOWLEDGE POLICY, I HAVE B											N COVERAG	GE ON	ALL	VEHIC	CLES	IN M	Υ		<u>(I</u>	NITIALS)	_
I UNDERSTAND T AND CHANGES U	NLE								DICES INI			PPLY 1	ГО А	LL FU	TUR	E PO	LICY I	RENE	WALS	S, CONT	INUATIONS
APPLICANT'S SIGNATI							DATE				SIGNATURE							N/	ATION	IAL PROD	UCER NUMBER
ACOPD 137 AK	120	E 14	2)						De	an 2 of 2											