



AGENCY CUSTOMER ID: _____

**NEBRASKA 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 \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 4 8 3 7	
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS			
			COVERAGE IS: PRIMARY SECONDARY		
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY		

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

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
	42 <input type="checkbox"/>	47 <input type="checkbox"/>		43 <input type="checkbox"/>	46 <input type="checkbox"/>				
	43 <input type="checkbox"/>	50 <input type="checkbox"/>		42 <input type="checkbox"/>	47 <input type="checkbox"/>				
			SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
				43 <input type="checkbox"/>	46 <input type="checkbox"/>				
				42 <input type="checkbox"/>	47 <input type="checkbox"/>				
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
	43 <input type="checkbox"/>			43 <input type="checkbox"/>	46 <input type="checkbox"/>				
				46 <input type="checkbox"/>					
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	TOWING & LABOR	46 <input type="checkbox"/>	\$				
	43 <input type="checkbox"/>								
	45 <input type="checkbox"/>								
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	TRAILER INTERCHANGE						
	43 <input type="checkbox"/>		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45 <input type="checkbox"/>		COMP / OTC	48 <input type="checkbox"/>	49 <input type="checkbox"/>				
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>	49 <input type="checkbox"/>				
	NO <input type="checkbox"/>			48 <input type="checkbox"/>	49 <input type="checkbox"/>				
				48 <input type="checkbox"/>	49 <input type="checkbox"/>				
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COLLISION	48 <input type="checkbox"/>	49 <input type="checkbox"/>				\$
	NO <input type="checkbox"/>			48 <input type="checkbox"/>	49 <input type="checkbox"/>				
				48 <input type="checkbox"/>	49 <input type="checkbox"/>				
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	TRAILER VALUE \$						
	NO <input type="checkbox"/>		GROUP TYPE	NUMBER OF					
			EMPLOYEES						
OTHER			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
			COVERAGE IS:			PRIMARY	SECONDARY		
			OTHER						

COVERED AUTO SYMBOLS

(41) ANY AUTO

(42) OWNED AUTOS ONLY

(43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT

(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS

(47) HIRED AUTOS ONLY

(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT

(50) NON-OWNED AUTOS ONLY

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

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																																																																																										
LIABILITY	61	67	CSL	BI	EA PER	\$																																																																																							
	62	68	BI EACH ACCIDENT \$																																																																																										
	63	71	PROPERTY DAMAGE \$																																																																																										
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