ACORD AGENCY	®						С	AGENCY CUSTOMER ID: CONNECTICUT COMMERCIAL AUTO COVERAGES / LIMITS SECTION NAMED INSURED(S)														DATE (MM/DD/YYYY)			
POLICY NUMBER EFFE												CARRIE	IER NAIC										IAIC CODE		
BUSINESS AUT	o s	ECT	101	1								1													
COVERAGES					SYM	BOLS				LIMI	TS		COVERA	AGES	СО	VERED	TUA C	o sy	MBOL	s			IMITS	3	
LIABILITY		1 2 3		4 7 8		9		CSL CACH ACC	CIDENT	PER \$	\$														
BASIC		5					\$			LI	MIT														
REPARATIONS 7 \$								\$ PER WEEK									PHY	SICAL	DAM	AGE					
ADDED 5 \$								LI	MIT		TOWING & LABOR			3 L 7					\$						
REPARATIONS BENEFITS		7						\$ PER WEEK								2 3		4 7		В					
MEDICAL PAYMENTS		2		4 7		8	EAC	CH PERSO	ON	\$	5		SPECIFIED CAUSES OF				4 7	-	В						
UNINSURED / UNDERINSURED MOTORIST		2 6 7						CSL C		PER \$			COLLISION		3 7										
	4						UIM STANDARD COV UIM CONVERSION						-												
HIRED / BORROWED		YES	3	S	TATE	S		ST OF HI	RE		IF ANY BASIS			STATI	ES	# DA	YS	#	VEH	(COVER			CTIBLE	
		NO					\$						HIRED							F			\$		
	_	YES	5	S	TATE	:S	GR	OUP TYP	Ε		NUMBE	R OF	PHYSICAL DAMAGE							F	_ č'	EC OF L	\$		
NON-OWNED LIABILITY		NO						VOLUN'					JANIAGE .								cc	DLL	\$		
								PARTN	ERS								IS:			PR	IMARY		SE	CONDARY	
COVERED (1) ANY AUTO (2) OWN SYMBOLS (3) OWN	NED	AUTO			SENG	SER AL	JTOS	ONLY	(5) OW	NED A	UTOS OTHER T UTOS SUBJEC UTOS SUBJEC	TO NO-F	AULT				S LAV		(8) HI	RED.	ICALLY AUTOS WNED	ONLY		AUTOS	

			PARTN	ERS			COVERAGE IS:	PRIMARY	SECONDARY
COVERED	(1) ANY AUTO		1 1	(4) OWNED AU	TOS OTHER THAN PF			(7) SPECIFICALLY DE	SCRIBED AUTOS
AUTO	(2) OWNED AU				ITOS SUBJECT TO NO			(8) HIRED AUTOS ON	
SYMBOLS	. ,	IVATE PASSENGER AL		. ,			NINSURED MOTORISTS LAW	(9) NON-OWNED AUT	OS ONLY
ENDORSE	EMENTS / RI	EMARKS (ACO	RD 101, Ac	lditional Rem	<u>arks Schedule,</u>	may be atta	ched if more space is	required)	
SIGNATU	RE								

APPLICANT'S SIGNATURE

DATE

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

NATIONAL PRODUCER NUMBER

RUCKERS SECTION	AGENCY CUSTOMER

TRUCKERS SEC	RUCKERS SECTION													AGI	ENCY CL	JST	OMER	ID:	:								
COVERAGES			D AU	то	SYN	MBOLS				LIMITS PHYSICAL DAMAGE																	
		41		46	3			(CSL		BI EA PE	R \$			covi	ERAG	GES	А	COVE UTO SY	RED MBO	LS			LIMITS		[DEDUCTIBLE
LIABILITY		42		47	7		ВІ	EA	CH AC			\$							42		47						
		43		50)		PF	ROP	PERTY	DAM	AGE	\$			COMP /	ОТС			43							\$:
BASIC REPARATIONS		44					\$					LIN	IIT						46								
BENEFITS		46	_	_			\$				PER WEEK					SPECIFIED			42		47	8	SCL		FT LSP		
ADDED 44 \$																	LOSS		43]	F FTW			\$:	
BENEFITS		46	_				\$					PE	R WEE	K					46	_						+	
MEDICAL		42		46	ò		EA	ACH	PERS	SON		\$			001110				42		47						i
PAYMENTS		43			—		-	\top	—						COLLIS	ION			43		J						
UNINSURED / UNDERINSURED		42		46		-	BI EACH ACCII			BI EA PER \$							46				—			+			
MOTORIST		43					ВІ					\$ \[Η.	IIM CONVERSION	TOWING & LABO				46			\$					
		45							JIM S	IAND	ARD CO	JV		JIM CONVERSION	1					TPAII	LER IN	TERCI	нак	IGE			
															COVI	FRAG	GFS	SY	MBOL						RADIU	SГ	DEDUCTIBLE
																			48	# IRAILERS			S ZONE # DATS			+	
NON-TRUCKERS		YES	3	S	STAT	ES	CC	OST	OF H	IIRE			IF AN	Y BASIS	COMP /	ОТС			49								
HIRED / BORROWED		NO					\$								SPECIE	SPECIFIED			48								
TRUCKERS HIRED / BORROWED		YES	3	S	STAT	ES	CC	OST	OF H	IRE			IF AN	Y BASIS	CAUSES		LOSS		49								
LIABILITY		NO					\$												48								
		YES	S	S	STAT	ES	GF	ROL	JP TYI	PE				NUMBER OF	COLLIS				49							\$	•
NON-OWNED AUTO		NO						E	EMPLO	OYEE:	S				TRAILEI	R VA	LUE	\$									
LIABILITY								۱ اــــــــــــــــــــــــــــــــــــ	/OLUI	NTEEF	RS				_		STA	TES	# 0	DAYS	#	VEH					
								F	PARTI	NERS					4												
OTHER															HIRED PHYSIC	AL											
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									—					-				VED 4.0			\top	ᆛ	PRIMARY S			20112451	
												OTHER					VERAG	E 15:		+	<u> </u>	KIMAKY		SEC	CONDARY		
COVERED AUTO SYMBOLS (44) OWNED AUTOS S										TOS S	SUBJEC	T TO	NO-FA	III (46) SPF	_I CIFICALLY	DES	SCRIBER	ΔΙΙΙ	ros		(49)	YOUR	TR	All ERS IN	THE PC	SSE	SSION OF
(41) ANY AUTO	NII V						5) OW	۷NE	D AU	TOS S	SUBJEC	OT TO		(47) HIR	ED AUTOS	ONL	_Y			_D		ANOT	HEF	R TRUCKE	R UNDE	RA	
(42) OWNED AUTOS O (43) OWNED COMMER		AUT	os o	NLY	1				RIST I		NINSUF	KED			ILERS IN Y RAILER INT												
ENDORSEMENT	S/	REN	ИAR	KS	S (ACO	RD	10 ⁻	1, Ac	dditi	onal	Rem	arks	Schedule, m	ay be a	ttac	ched i	fmo	ore sp	oace	is r	equi	red	i)			
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SIGNATURE																							_				
I UNDERSTAND T RENEWALS, CON																I AN	IY STA	TE S	SUPPL	.EME	NT W	/ILL A	۱PP	LY TO A	LL FUT	ΓURI	E POLICY
APPLICANT'S SIGNATI		J, (11)	J. 10	7 (1)		J. 1/31V	JEC	<i>-</i>			DATE		5 0 11	PRODUCER		IRF							—	NATION	AI PRO	חחר	FR NUMBER

AGENCY	CUSTOMER ID:
ACEITO!	OCCIONENT ID.

$M \cap T \cap P$	CAPPIED	SECTION

	R CARRIER SECTION ERAGES COVERED AUTO SYMBOLS LIMITS													PHYSICAL DAMAGE												
COVERAGES	CO	61	D AU					BI			i			1	COVE			LDAMAG	LIMITS							
		67		cs	L	_ E/	A PER	\$		COVERAG	GES	AL	COVE ITO SY	MBO			DEDUCTIBLE									
LIABILITY		62		68	BIE	AC	ACCID	ENT		\$				62		67										
		63		71	PRC	OPE	RTY DA	MAG	E	\$		COMP / OTC		63		68				\$						
		64													64											
DAGIO		65			\$					LIM	IT				62		67	SCL	. FT	LSP						
BASIC REPARATIONS		67			\$					PEF	R WEEK	SPECIFIED			63		68	F	FTW		\$					
BENEFITS												CAUSES OF	LOSS		64		1									
		65			\$					LIM	IT.				62		67									
ADDED		1										COLLISION					1									
REPARATIONS BENEFITS		67			\$					PEF	RWEEK	COLLIGIOI			63		68		\$							
															64	-										
MEDICAL		62		64	EAC	CH P	ERSON			\$		TOWING			63		J	\$								
PAYMENTS		63		67								& LABOR			67											
UNINSURED /		62		66		cs	∟ ∟	_ BI _ E <i>F</i>	A PER	\$								TERCHAI								
UNDERINSURED		63		67	BIE	AC	ACCID	ENT		\$_		COVERAG	GES	SYN	IBOL	# TR	AILER	s FARTH	# DAYS	RADIUS	DEDUCTIBLE					
MOTORIST		64				UII	/ STAN	DARI	D COV		UIM CONVERSION	OOMB / OTO														
				-								COMP / OTC			70											
															69											
												SPECIFIED CAUSES OF		70												
		YES		STATES		OT 6				\neg	IE 4111/ B4010			\vdash		+										
NON-TRUCKERS HIRED / BORROWED		NO		OTATEO		SIC	FHIRE				IF ANY BASIS	COLLISION			69						\$					
TRUCKERS		-			\$									70												
HIRED / BORROWED		YES	,	STATES	cos	ST C	FHIRE				IF ANY BASIS	TRAILER VA		\$	_											
LIABILITY		NO			\$								STA	ATES	# 0	DAYS	#	VEH								
		YES	;	STATES	GRO	OUP	TYPE				NUMBER OF															
NON-OWNED		NO				ΕN	IPLOYE	ES	S			HIRED														
AUTO LIABILITY						VC	LUNTE	ERS				PHYSICAL DAMAGE														
						PA	RTNER	S																		
OTHER												1		COV	ERAG	F IS	-		PRIMARY	5	ECONDARY					
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COVERED AUTO SYM	201.5																									
(61) ANY AUTO	JULJ						COMME AUTOS					PECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF IRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER														
(62) OWNED AUTOS C				(66)	OWN	NED	AUTOS	SUB	SJECT 1	TO A	COMPUL- (69) TRAI	AILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT														
(63) OWNED PRIVATE							NINSUR					AILER INTERC					` ′		NED AUTO	OS ONLY						
ENDORSEMENT	<u>'S/</u>	REN	IAR	KS (ACOR	D 1	01,	Addi	tior	nal Re	em	arks Schedule, m	ay be attac	hed i	f mo	re sp	oace	is re	equire	d)							
SIGNATURE																										
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