AGENCY CUSTOMER ID:

ACORD ®

GEORGIA COMMERCIAL AUTO

DATE	(MM/DD/YYYY)

ACORD	COVERAGES / LIMITS SECTION													νΤΕ (N	/IM/DD/Y	YYY)													
AGENCY														NAMED	ED INSURED(S)														
POLICY NUMBER	CY NUMBER								E	FFECTI	IVE DAT	DATE CARRIER											NAIC (ODE					
BUSINESS AUTO SECTION																													
COVERAGES					SYME	BOLS				LIMI	TS				co	VERA	GES	co	VERE	D AU	TO S	YMB	OLS	LIMITS					
LIABILITY		1 2		4 7		9		CSL CH ACCI		BI EA PER \$ VT \$																			
		3		8			PROF	PERTY D	AMAGE	:	\$																		
																				PHY	SIC	AL DA	MAG	(GE					
															TOWING & LABO				3 7					\$					
															COMP /	отс			2		4 7		8						
MEDICAL PAYMENTS		2		4 7		8	EACH	I PERSO			\$				SPECIF CAUSES		LOSS		2		4 7		8						
TRADITIONAL (REDUCED) UNINSURED		2		6 7				CSL _ CH ACCI	BI E PER DENT	\$ \$ \$	DED	\$ \$			COLLIS	ION			2		4 7		8						
NEW (ADDED ON) UNINSURED		2		6				CSL _	AMAGE BI E PER		DED	\$																	
MOTORIST (IF APPLICABLE)		3		7				CH ACCI PERTY D		\$	DED	\$																	
HIRED / BORROWED LIABILITY	YES STATES COST OF HIRE NO \$							E	IF ANY BASIS						STATI				ES # DAYS			1	COVERAGE / DEDUCTIBLE COMP \$ SPEC				E		
NON-OWNED	YES STATES GR						GROUP TYPE NUMBI				BER (PH	HIRED PHYSIC DAMAG									SPEC C OF L \$ COLL \$							
LIABILITY							VOLUNTEERS							-	-						_								
AUTO (2) OWNED AUTOS ONLY							(4) OWNED AUTOS OTHER THAN PRIV. (5) OWNED AUTOS SUBJECT TO NO-FA				O NO-FA	AULT (8) H						SPEC HIRE	PRIMARY SECONDARY ECIFICALLY DESCRIBED AUTOS ED AUTOS ONLY N-OWNED AUTOS ONLY										
ENDORSEMENT									• •													, ,			JAUIC	15 ON	ILY		
SIGNATURE																													
I UNDERSTAND A MOTORIST COVE APPLICATION.	ND /	ACK SE I	NOV HAV	VLEI E B	DGE SEEN	THA N OF	AT TRA	ADITION DAND	NAL (R EXPL	EDUC AINE	CED) L D TO	JNINSU ME.	JRE I H	ED MOT IAVE S	ORIST (COVI	ERAGE HE LIM	AND IITS	, IF AND	APPL) DE	LICA EDU	BLE CTIB	, NE\	N (AI OTTIC)DED ()NS S	ON) 3HO\	UNINS VN IN	URED THIS	
I UNDERSTAND T RENEWALS, CON																I AN	Y STATE	E SUI	PPLE	EMEI	NT V	VILL	APP	LY TO) ALL	FUT	JRE P	OLICY	
APPLICANT'S SIGNATURE									DATE	DATE PRODUCER'S SIGNATURE									NAT	NATIONAL PRODUCER NUMBER									

ACORD 137 GA (2015/12)

AGENCY CUSTO	MER ID:
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TRUCKERS SECTION

TRUCKERS SEC	אווכ	אוי											1											
COVERAGES	COVERED AUTO SYMBOLS LIMITS												PHYSICAL DAMAGE COVERAGES COVERED LIMITS											
		41	11 46 CSL BI							COVERA	GES	AL	JTO S	ERED YMBO	LS		LIMITS	DEDUCTIBLE						
LIABILITY		42		47		BI EACH ACCIDENT \$									42		47							
		43		50				Y DAM		\$			COMP / OTC			43		1				\$		
		75		30		+ 110	OI LIKI	I DAIVI	AOL	Ψ						46		۱ ۱				"		
															\vdash		_							
													SPECIFIED			42		47	SCL	FT FT	LSP			
													CAUSES OF	LOSS		43		J L	F	FT	\$			
																46								
MEDICAL		42		46												42		47						
PAYMENTS		43				EACH PERSON \$						COLLISION			43						\$			
		42		46			CSL		BI EA PER	\$	DED \$					46		1						
UNINSURED		43				BIE	_	ACCIDE		\$	DED \$					46								
MOTORIST		45		_				TY DAM		. [DED \$		TOWING & LABOR			-10			\$					
		40				FR	JEKI	T DAIVI	AGE	φ	Φ						TDAII	EDINT	ERCHA	ICE				
															-				FARTH					
													COVERA	GES	SYI	MBOL	# IR	AILER	ZONE	# DAYS	DEDUCTIBLE			
													COMP / OTO			48								
NON-TRUCKERS		YES	3	S	TATES	co	ST OF	HIRE			IF ANY BA	SIS				49	_							
HIRED / BORROWED		NO				\$							SPECIFIED			48								
TRUCKERS HIRED / BORROWED		YES	3	ST	ATES	со	ST OF	HIRE			IF ANY BA	SIS	CAUSES OF	LOSS		49								
LIABILITY		NO				\$										48								
		YES	3	ST	ATES	GR	OUP T	YPE			NUN	MBER OF	COLLISION			49						\$		
NON-OWNED		NO				GROUP TYPE NUMBER OF						TRAILER VA	LUE	\$										
AUTO		l				EMPLOYEES VOLUNTEERS								STA	ATES	# [DAYS	#	VEH					
LIABILITY																								
OTHER							PARTNERS						LUDED											
OTTLER													HIRED PHYSICAL											
													DAMAGE											
															CO/	/ERAG	E IS:		F	PRIMARY		SECONDARY		
													OTHER											
COVERED AUTO SYME	BOLS				(4	4) OWI	NED A	UTOS S	UBJEC	ст то	NO-FAULT	(46) SPEC	IFICALLY DES	SCRIBE	D AUT	os		(49)	OUR TR	AILERS II	N THE POS	SESSION OF		
(41) ANY AUTO						5) OWI	NED A	UTOS S	UBJEC	CT TO		(47) HIRE	D AUTOS ONL	Y				i A	NOTHE	R TRUCKE	R UNDER	A TRAILER		
(42) OWNED AUTOS O (43) OWNED COMMER		AUTO	os o	NLY			VIPULS TORIST	ORY UI	NINSU	KED			LERS IN YOUR AILER INTERC							NED AUT	REEMENT OS ONLY			
ENDORSEMENT	s/	RFN	IΔR	RKS	(ACOI	RD 10	<u>01 Δ</u>	dditio	nal	Rem	arks Sci	hedule ma	v he attac	hed if	moi	re sn	ace	is re	nuired	`				
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SIGNATURE																								
I UNDERSTAND A										ORIS	T COVER	AGE HAS B	EEN OFFER	RED AN	ND E	XPLA	INED	TO M	1E. IH	AVE SE	LECTED	THE LIMITS		
AND DEDUCTIBLE	= OP	HON	NS S	SHOV	VN IN T	HIS A	'Lbri	JATIO	N.															
I UNDERSTAND T	HAT	THE	CC	OVER	AGE S	ELEC	TION	AND I	IMIT	СНО	ICES INDI	CATED HER	E OR IN AN	IY STA	TE S	UPPL	EME	NT W	ILL APF	PLY TO A	ALL FUTU	IRE POLICY		
RENEWALS, CON																								
APPLICANT'S SIGNATI	URE							ı	DATE			PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER		

ACENCY	CUSTOMER	ID:

MOTOR CARRIER SECTION

COVERAGES	CO	VERE	DAU	JTO SYMBOLS	<u> </u>		PHYSICAL DAMAGE												
		61		67		CSL	BI EA PER	\$		COVERA	GES	A	COVE UTO SY	RED MBO	Ls		LIMITS		DEDUCTIBLE
		62		68	BIE	ACH ACCIDI		\$					62		67				
LIABILITY		63		71		PERTY DAN		\$		COMP / OTO	С		63		68				\$
				┤′′	' ' ' '	DI LIKIT DAN	IIAOL	Ψ							00				Ψ
		64								+			64	-					
										SPECIFIED			62		67	sc			
										CAUSES OF	LOSS		63		68	F	FT	N	\$
													64						
													62		67				
										COLLISION			63		68				\$
													64		1				
		62		64									63						
MEDICAL PAYMENTS		62		64	EAC	H PERSON		\$		TOWING & LABOR			1		, l	\$			
PATIVIENTS		63		67			DIEA	DED		& LABOR			67						
		62		66		CSL	BI EA PER \$		\$							ERCHA			
UNINSURED MOTORIST		63		67	BIE	ACH ACCIDI	ENT \$	DED	\$	COVERA	GES	SY	MBOL	# TR	AILER	S FARTI ZONE	# DAYS	RADIUS	DEDUCTIBLE
MOTORIOT		64			PRC	PERTY DAN	MAGE \$	DED	\$	OOMB (OT	_		69						
				•						COMP / OTO			70						
													69						
										SPECIFIED CAUSES OF	1088		1						
		V=(074750						0/10020 01		-	70	-					
NON-TRUCKERS HIRED / BORROWED		YES		STATES	COS	ST OF HIRE		IF AN	Y BASIS	COLLISION			69						\$
		NO			\$							_	70						, , , , , , , , , , , , , , , , , , ,
TRUCKERS HIRED / BORROWED		YES	3	STATES	cos	ST OF HIRE		IF AN	Y BASIS	TRAILER VA	ALUE	\$							
LIABILITY		NO			\$						STA	ATES	# D	AYS	#	VEH			
		YES	3	STATES	GRO	OUP TYPE			NUMBER OF										
NON-OWNED		NO				EMPLOYER	= 0			HIRED									
AUTO		l								PHYSICAL									
LIABILITY						VOLUNTEE				DAMAGE									
OTUED					\vdash	PARTNERS	3			_									
OTHER												CO	VERAG	E IS:			PRIMARY		ECONDARY
										OTHER									
ENDORSEMENT	<u>'S / </u>	REM	<u>MAR</u>	RKS (ACOR	<u>3D 10</u>	1, Additi	onal Re	<u>emarks</u>	Schedule, m	ay be attac	thed if	mo	re sp	ace	is re	quired	1)		
SIGNATURE I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST COVERAGE HAS BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION. 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.													IRE POLICY						
APPLICANT'S SIGNATI	JRE						DATE		PRODUCER	'S SIGNATURE							NATIO	NAL PROD	UCER NUMBER

TRADITIONAL AND NEW UNINSURED MOTORIST COVERAGE MANDATORY OFFER AND EXPLANATION

Georgia insurance law requires that we offer and explain to you Traditional Uninsured Motorist Coverage and if applicable, New Uninsured Motorist Coverage. Below is a brief description of each coverage option. Only the policy provides a complete description of coverage(s) and limitation(s). You have the right to select a specific coverage or reject all uninsured motorist coverage(s) in writing.

Traditional Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits pays for bodily injury and property damage losses to you and your passengers as a result of an accident with a driver who either has no liability protection and is legally responsible for the injuries or damages, or does not have enough protection to pay the full amount that the injured person is legally entitled to recover as damages.

New Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Added on At-Fault Liability Limits pays for the same bodily injury and property damage losses as Traditional Uninsured Motorist Coverage, however; it provides additional protection that will pay for your damages in addition to the At-Fault driver's Liability Coverage Limits up to your New Uninsured Motorist Coverage Limits. This new coverage is available on vehicles qualifying as private passenger type vehicles under Georgia law.

You have the right to purchase Traditional Uninsured Motorist Coverage or New Uninsured Motorist Coverage, if applicable, with limits up to the liability limits of your policy. Your selection coverage options are listed below:

	Applicant's Signature	Date	
	dge that I read and understand my Traditional Uninsured lotorist Coverage, if applicable, options.	Motorist and/or	New
(initials)	I reject ALL Uninsured Motorist Coverage		
(initials)	I accept New Uninsured Motorist Coverage		
(initials)	I accept Traditional Uninsured Motorist Coverage		

Example of New Uninsured Motorist Coverage and Traditional Uninsured Motorist Coverage Claim Payment Calculation

An underinsured driver fails to stop at a red light, hits your car and causes you to have \$175,000 in damages. The at-fault underinsured driver (At-Fault's) has \$50,000 of Liability Coverage. Your policy contains \$100,000 of Uninsured Motorist Coverage.

NEW UNINSURED MOTORIST COVERAGE (IF APPLICABLE) (This coverage is also referred to as Uninsured Motorist-Added on to At-Fault Liability Limits)

At-Fault's Liability Coverage Limit \$50,000

Your New Uninsured Motorist Coverage Limit \$100,000

Total Amount of Your Damages \$175,000

Payment Break Out:

 At-Fault's Liability Coverage =
 \$ 50,000

 Your New Uninsured Motorist Coverage =
 \$ 100,000

 Total Payment =
 \$ 150,000

 Amount Not Covered =
 \$ 25,000 (a)

The maximum available coverage in this example was \$150,000 (At-Fault's Liability Coverage Limit + Your New Uninsured Motorist Coverage Limit).

TRADITIONAL UNINSURED MOTORIST COVERAGE (IF APPLICABLE)
(This coverage is comparable to your current coverage. The coverage is also referred to as Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits)

At-Fault's Liability Coverage Limit \$50,000

Your Traditional Uninsured Motorist Coverage Limit \$100,000

Total Amount of Your Damages \$175,000

Payment Break Out:

At-Fault's Liability Coverage = \$ 50,000

Your Available **Traditional Uninsured Motorist Coverage** = \$ 50,000 (a)

Total Payment = \$ 100,000 **Amount Not Covered =** \$ **75,000** (b)

⁽a) Please notice that \$25,000 of the loss was not covered.

⁽a) The \$50,000 amount shown here is determined by subtracting the At-Fault's Liability Coverage Limit from Your Traditional Uninsured Motorist Coverage Limit. The total available Traditional Uninsured Motorist Coverage you have in this example is \$50,000.

⁽b) Please notice that \$75,000 of the loss was not covered.