



AGENCY CUSTOMER ID: _____

**WASHINGTON 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 \$					
PERSONAL INJURY PROTECTION	2	MEDICAL EXPENSE \$	PHYSICAL DAMAGE				
	7	INCOME CONTIN \$					
ADD'L PERSONAL INJURY PROTECTION	2	SERVICE LOSS \$	TOWING & LABOR	3 7	\$		
	7	\$	COMP / OTC	2 4 8			
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8			
	3 7						
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8			
	3 7	BI EACH ACCIDENT \$	AUTO LOAN	2 4 8	\$		
	4	PROPERTY DAMAGE \$		3 7			
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	NO	\$		EMPLOYEES	VOLUNTEERS	PARTNERS	COMP \$
	YES STATES	GROUP TYPE					NUMBER OF
							COLL \$
			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**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

UNDERINSURED MOTORISTS COVERAGE STATEMENT: I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.

- I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. _____ (INITIALS)
- I HAVE REJECTED UIM BI COVERAGE _____ (INITIALS)
- I HAVE REJECTED UIM PD COVERAGE _____ (INITIALS)

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		46		CSL	BI EA PER \$	COMP / OTC	42		47			\$	
	42		47		BI EACH ACCIDENT \$	43								
	43		50		PROPERTY DAMAGE \$	46								
PERSONAL INJURY PROTECTION	44				MEDICAL EXPENSE \$	SERVICE LOSS \$	SPECIFIED CAUSES OF LOSS	42		47	SCL	FT	LSP	\$
ADD'L PERSONAL INJURY PROTECTION	46				INCOME CONTIN \$	FUNERAL EXPENSE \$		43			F	FTW		
	46				\$			46						
MEDICAL PAYMENTS	42		46		EACH PERSON \$		COLLISION	42		47			\$	
	43							43						
							TOWING & LABOR	46			\$			
UNDERINSURED MOTORIST	42		46		CSL	BI EA PER \$	AUTO LOAN	42		47			\$	
	43				BI EACH ACCIDENT \$	43								
	45				PROPERTY DAMAGE \$	46								
NON-TRUCKERS HIRED / BORROWED	YES	STATES			COST OF HIRE	IF ANY BASIS	COMP / OTC	48						
	NO				\$			49						
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES			COST OF HIRE	IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48						
	NO				\$			49						
NON-OWNED AUTO LIABILITY	YES	STATES			GROUP TYPE	NUMBER OF	COLLISION	48						\$
	NO				EMPLOYEES			49						
					VOLUNTEERS									
					PARTNERS		TRAILER VALUE	\$						
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

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- I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. _____ (INITIALS)
- I HAVE REJECTED UIM BI COVERAGE _____ (INITIALS)
- I HAVE REJECTED UIM PD COVERAGE _____ (INITIALS)

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE										
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS				DEDUCTIBLE				
LIABILITY	61	67	CSL	BI EA PER	\$	COMP / OTC	62	67		\$			
	62	68					63	68					
	63	71					64						
	64												
PERSONAL INJURY PROTECTION	65	MEDICAL EXPENSE \$	SERVICE LOSS \$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$			
	67	INCOME CONTIN \$			63	68	F	FTW					
ADD'L PERSONAL INJURY PROTECTION	65	\$	COLLISION	62	67					\$			
	67			63	68								
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$						
	63	67			67								
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE							
	63	67				BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64					PROPERTY DAMAGE \$	COMP / OTC	69					
							70						
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE		IF ANY BASIS									
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE		IF ANY BASIS									
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF		COLLISION	69				\$			
	NO	EMPLOYEES			TRAILER VALUE	\$							
		VOLUNTEERS			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH					
		PARTNERS											
OTHER					COVERAGE IS:		PRIMARY		SECONDARY				
					OTHER								

COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY	(64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY
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1. I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE _____ (INITIALS) 2. I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE _____ (INITIALS) 3. I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE _____ (INITIALS) 4. I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. _____ (INITIALS) 5. I HAVE REJECTED UIM BI COVERAGE _____ (INITIALS) 6. I HAVE REJECTED UIM PD COVERAGE _____ (INITIALS)			
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MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE

Washington insurance law requires that we offer you Personal Injury Protection Coverage with certain minimum limits, unless you reject this coverage. We are also required to offer you the right to purchase higher limits.

Please indicate your choices by initialing next to the appropriate item(s) below.

Minimum Coverages:

_____ Health and Hospital Benefits: \$10,000 per each insured, covering expenses incurred within 3 years of the auto accident.

_____ Funeral Benefits: \$2,000 per each insured for funeral expenses.

_____ Income Continuation: Up to \$10,000 per each insured to cover income losses incurred within one year after the date of the insured's injury, subject to the lesser of \$200 per week or 85% of the insured's weekly income. The combined weekly payment receivable by an insured under any workers compensation or other disability insurance benefit, and other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_____ Loss of Services Benefit: Up to \$ _____ per each insured, subject to a limit of \$ _____ per day, not to exceed \$ _____ per week.

All payments under Personal Injury Protection Coverage are limited to the amount of actual loss or expense incurred.

Optional Coverages:

_____ Health and Hospital Benefits: \$35,000 per each insured instead of \$10,000.

_____ Income Continuation: Up to \$35,000 per each insured instead of \$10,000, subject to the lesser of \$700 per week (instead of \$200 per week) or 85% of the insured's weekly income. The combined weekly payment receivable by the insured under any workers compensation or other disability insurance benefit, and any other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_____ Loss of Services Benefit: Up to \$ _____ per each insured, subject to a limit of \$ _____ per day, not to exceed \$ _____ per week.

Rejection of Coverage:

_____ I reject Personal Injury Protection Coverage in its entirety.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____