



AGENCY CUSTOMER ID: _____

**OREGON 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	5	\$ MEDICAL EXP DED: NONE \$100	PHYSICAL DAMAGE		
	7	\$250 NAMED INSURED NAMED INS & FAMILY MEMBERS			
ADD'L PERSONAL INJURY PROTECTION	5	\$	TOWING & LABOR	3 7	\$
	7		COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
	3 7				
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8 3 7	
	3 7	BI EACH ACCIDENT \$			
	4	PROPERTY DAMAGE \$			
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
	NO	\$			
NON-OWNED LIABILITY	YES STATES	GROUP TYPE			
	NO	EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
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**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST BODILY INJURY (UMBI) AND UNDERINSURED MOTORIST BODILY INJURY (UIMBI) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE THE RIGHT TO PURCHASE UMBI LIMITS EQUAL TO MY BODILY INJURY (BI) LIABILITY LIMITS OR LIMITS NOT LOWER THAN THE MINIMUM BI LIMITS REQUIRED BY LAW. A BRIEF DESCRIPTION OF UMBI AND UIMBI COVERAGES AND A COST COMPARISON ARE FOUND IN THE ATTACHED SUPPLEMENT, ACORD 61 OR.

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		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 EXP DED: NAMED INSURED	NONE NAMED INS & FAMILY MEMBERS	\$100	SPECIFIED CAUSES OF LOSS	42	47	SCL	FT	LSP	\$
ADD'L PERSONAL INJURY PROTECTION	46		\$250					43		F	FTW		
	46		\$					46					
MEDICAL PAYMENTS	42	46	EACH PERSON		\$	COLLISION	42	47	\$				
	43						43						
UNINSURED MOTORIST	42	46	CSL	BI EA PER	\$		TOWING & LABOR	46			\$		
	43		BI EACH ACCIDENT		\$								
	45		PROPERTY DAMAGE		\$								
TRAILER INTERCHANGE													
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE							
COMP / OTC	48												
	49												
SPECIFIED CAUSES OF LOSS	48												
	49												
COLLISION	48												
	49												
TRAILER VALUE		\$											
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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APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE
			NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																		
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE												
LIABILITY		61		67		CSL		BI		EA PER	\$	COMP / OTC		62		67							\$	
			62		68			BI		EACH ACCIDENT	\$				63		68							
			63		71				PROPERTY DAMAGE	\$				64										
			64																					
PERSONAL INJURY PROTECTION		65				\$		MEDICAL EXP DED:		NONE		\$100	SPECIFIED CAUSES OF LOSS		62		67		SCL		FT		LSP	\$
			67			\$250		NAMED INSURED		NAMED INS & FAMILY MEMBERS						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									
UNINSURED 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	\$				69											
NON-TRUCKERS HIRED / BORROWED	YES	STATES				COST OF HIRE		IF ANY BASIS				COLLISION		69									\$	
	NO					\$								70										
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES				COST OF HIRE		IF ANY BASIS				TRAILER VALUE \$												
	NO					\$						HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH									
NON-OWNED AUTO LIABILITY	YES	STATES				GROUP TYPE		NUMBER OF																
	NO					EMPLOYEES																		
							VOLUNTEERS																	
OTHER						PARTNERS						COVERAGE IS: PRIMARY SECONDARY												
												OTHER												

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