## AGENCY CUSTOMER ID:

R	
<b>ACORD</b> °	

## ALABAMA COMMERCIAL AUTO

DATE	(MM/DD/YYYY)

ACORD	,							(	COVE	ERAC	GES/	LIN	AITS S	SECTION	1									_ (	,	
AGENCY													NAMEDI	NSURED(S)												
POLICY NUMBER										EFFE	CTIVE DAT	TE	CARRIEF	ł											NAIC CODE	_
BUSINESS AUT	BUSINESS AUTO SECTION																									_
COVERAGES		VERE			SYME	BOLS			L	LIMITS				COVERA	GES	co	VERE	DLS		1	IMI	rs	_			
LIABILITY		1 2		4 7		9	CSL BI EACH A	ACCIDI	BI EA PEF	R \$																
LI CILITI		3		8			PROPERT			\$																
																		PHY	SIC	AL DA	MAG	E				
														TOWING & LABOR			3 7					\$				
														COMP / OTC	:		2		4 7		8					
MEDICAL PAYMENTS		2		4 7		8	EACH PER	RSON		\$				SPECIFIED CAUSES OF	LOSS		2		4 7		8					
UNINSURED MOTORIST		2		6 7			CSL BI EACH A	ACCIDI	BI EA PEI ENT	R \$				COLLISION			2		4 7		8					
		4																								
HIRED / BORROWED LIABILITY	YES STATES COST OF HIRE NO \$										ANY BAS	IS			STATE	ATES # DAYS # VEH					I	<u></u>	OMP / TC	SEDI	JCTIBLE	
							GROUP T		PE NUMBER OF  DYEES					HIRED PHYSICAL DAMAGE								I I	PEC OF L OLL	\$ \$		
LIABILITY									RS EERS							COVE	RAGE	= IS·				RIMARY	,	-	SECONDARY	
COVERED (1) ANY AUTO (2) OWI SYMBOLS (3) OWI	NED A	AUTO			FNG	FR AI	JTOS ONLY	(	4) OWNE 5) OWNE	ED AUTO	OS SUBJE	CT T	O NO-FA	TE PASSENGE JLT PULSORY UNI	ER AUTOS	ONL	Y		w	(8) H	SPEC		Y DESC S ONLY	RIBE	ED AUTOS	_
ENDORSEMENT																				. ,						_
SIGNATURE																										
ANY PERSON WE						_	-	-														_	Y PRE	SE	NTS FALSE	:
I UNDERSTAND A  1. I SELECT UNIN  2. I REJECT UNIN	ISUR	RED N	ИΟТ	ORI	ISTS	ВОЕ	DILY INJUI	RY LII	MIT(S) I	INDICA	ATED IN	THIS	S APPLI	CATION						D TC	ME					
N	amed	Insur	ed Si	ignatı	ure						Named In	sure	d Signatur	е						Name	d Ins	ured Sig	nature			-
I UNDERSTAND T AND CHANGES U											CES INDI	ICA	TED HE	RE WILL AF	PPLY TO	ALL	. FU	TURE	E PO	OLIC,	Y RE	ENEWA	LS, C	TNC	INUATIONS	;
APPLICANT'S SIGNATI	JRE								DATE	_	1	PROI	DUCER'S	SIGNATURE								NATIO	ONAL PI	ROD	UCER NUMBE	R

ACORD 137 AL (2015/12)

TRUCKERS SEC	CTION									AGE	NCY CUSTOMER	lD:									
COVERAGES	COVERED AUTO SYMBOLS							LIM	ITS		PHYSICAL DAMAGE										
	41		46			CSL		BI EA PER	\$		COVERAGES	Al	COVER JTO SYI			LIMITS	DEDUCTIBLE				

TRUCKERS SEC	CIT	N_																		
COVERAGES	CO	VERE	D AU	TO SYMBOLS				IMITS								SICAL	DAMAG	E		
		41		46		CSL	BI EA PER	ς \$			COVERAG	GES	A	COVE UTO SY	RED MBOI	_s		LIMITS		DEDUCTIBLE
LIABILITY		42		47	BIE	ACH ACCID		\$						42		47				
		43		50		PERTY DAI		\$			COMP / OTC			43						\$
														46		'				,
														40	Τ		SCL	FT	LSP	
											SPECIFIED			42		47				
											CAUSES OF	LOSS		43		l	F	FTW	'	\$
														46						
MEDICAL		42		46	EAC	H PERSON		\$						42		47				
PAYMENTS		43			LAC	TERSON					COLLISION			43						\$
		42		46		CSL	BI EA PER	₹ \$						46						
UNINSURED		43			BIE	ACH ACCID		\$			TOWING			46						
MOTORIST		45									& LABOR					1	\$			
															TPAII	ED INT	ERCHAI	IGE		
											00//504	250	01/				FARTH		DADILIO	DEDUCTION F
											COVERAG	3ES	SY	MBOL	# IR	AILER	ZONE	# DAYS	RADIUS	DEDUCTIBLE
											COMP / OTC			48						
NON-TRUCKERS		YES		STATES	cos	ST OF HIRE	L	IF	ANY BAS	SIS				49						
HIRED / BORROWED		NO			\$						SPECIFIED			48						
TRUCKERS		YES		STATES	cos	T OF HIRE		IF.	ANY BAS	SIS	CAUSES OF	LOSS		49						
HIRED / BORROWED LIABILITY		NO			\$		_							48						
		YES		STATES		OUP TYPE			NILIN	IBER OF	COLLISION			49						\$
NON-OWNED		NO					F0	Г	NOIV	IDLK OI	TRAILER VA	LUE	\$	45						
AUTO		110				EMPLOYE		$\vdash$			THO WELLY VA		TES	# [	DAYS	#	VEH			
LIABILITY						VOLUNTE	ERS	-				317	IILO	# L	7713	#	VLII			
						PARTNER	S													
OTHER											HIRED									
											PHYSICAL DAMAGE									
													CO	VERAG	F IS:			PRIMARY		SECONDARY
											OTHER						1			.2001127.1111
(41) ANY AUTO	OLS					IED AUTOS IED AUTOS			D-FAULT		IFICALLY DES DAUTOS ONL		TUA C	ros						SESSION OF A TRAILER
(42) OWNED AUTOS O				, ,		PULSORY					ERS IN YOUR		SSIC	ON UND	ER	- 1	NTERCH	IANGE AGF	REEMENT	AIRAILER
(43) OWNED COMMER	CIAL	AUTC	10 S	NLY	MOT	ORIST LAW	'				AILER INTERC					(50) N	NON-OW	NED AUTO	S ONLY	
<b>ENDORSEMENT</b>	S/I	REM	IAR	KS (ACOR	D 10	1, Addit	ional R	emar	ks Sch	nedule, ma	y be attacl	hed if	mo	re sp	ace	is red	quired	)		
0.00.4.7.1.7.7																				
SIGNATURE																				
ANY PERSON WE																			PRESE	NTS FALSE
INFORMATION IN A	AN A	PPLI	CAT	ION FOR INS	URA	NCE IS GU	JILTY OF	- A CR	IME AND	) MAY BE SU	BJECT TO F	INES A	AND	CONF	INEM	ENTI	N PRIS	ON.		
I UNDERSTAND A	ND A	ACKN	10M	LEDGE THA	T UN	INSURED	MOTOR	RISTS	BODILY	'INJURY (UI	ИВІ) COVER	AGE H	IAS I	BEEN	OFF	ERED	TO ME			
1. I SELECT UNIN	SUR	ED N	ИОТ	ORISTS BOD	OILY I	NJURY LI	MIT(S) II	NDICA	ATED IN	THIS APPLI	CATION			_ (INI	TIALS	S)				
2. I REJECT UNIN	SUR	ED N	ИОТ	ORISTS BOD	DILY I	NJURY C	OVERAC	GE IN	ITS ENT	TRETY. (Sign	nature Requi	red)		`		- /				
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	mod	Incres	o4 61	anatura					Namedia	seurad Ci	ro		-			<b>A</b> 7-	amed In-	urod C:	nture	
				gnature						nsured Signatu								ured Signa		
I UNDERSTAND T AND CHANGES U									CES IND	DICATED HE	RE WILL AF	PPLY T	ОА	LL FL	ITUR	E POI	LICY RI	ENEWAL	s, cont	INUATIONS
		JJ 11			!\	OL 114 V		•	T	DD OD ! ! C == :-	0101117117								141 55 55	
APPLICANT'S SIGNATU	JKE						DATE			PRODUCER'S	SIGNATURE							NATION	IAL PROD	UCER NUMBER

COVERAGES	CO	/ERED	AUT	TO SYMBOLS				S	PHYSICAL DAMAGE												
		61		67	CSL BI EA PER \$ BI EACH ACCIDENT \$					COVERAG	Al	COVE	RED MBOLS		LIMITS			DEDUCTIBLE			
LIABILITY		62		68									62	6	7						
LIABILIT		63		71	PROPERT	Y DAN	IAGE	\$		COMP / OTC			63	6	8				\$		
		64											64		_						
										SPECIFIED			62	6		SCL	— FT	LSP			
										CAUSES OF	LOSS		63	6	8  -	F	FTW	1	\$		
													64		_						
										COLLICION			62	6							
										COLLISION			63 64	6	٥				\$		
MEDION		62	Т	64						TOWING			63								
MEDICAL PAYMENTS		63		67	EACH PER	SON		\$		TOWING & LABOR			67		\$						
UNINSURED MOTORIST		62		66	CSL		BI EA PEI	R \$						TRAILER					•		
	63 67				BI EACH A	CCIDE		\$		COVERAG	GES	SYI	мвог	# TRAIL	.ERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
		64								COMP / OTC			69								
													70								
										SPECIFIED CAUSES OF	1000		69								
		YES		STATES	0007.05				15 ANN/ DAOIG	CAUSES OF	LUSS		70								
NON-TRUCKERS HIRED / BORROWED		NO		OTATEO	COST OF F	HIKE	l		IF ANY BASIS	COLLISION			69 70						\$		
TRUCKERS		YES		STATES	COST OF I	HIRE			IF ANY BASIS	TRAILER VA	LUE	\$	70								
HIRED / BORROWED LIABILITY		NO			\$		ı		/		STA	TES	# D	AYS	# V	ΈΗ					
		YES		STATES	GROUP TY	PE			NUMBER OF												
NON-OWNED		NO			EMPL	OYEE	S			HIRED											
AUTO LIABILITY					VOLUNTEERS					PHYSICAL DAMAGE											
					PART	NERS															
OTHER												CO	/ERAG	E IS:		P	RIMARY	5	SECONDARY		
										OTHER											

(62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL-SORY UNINSURED MOTORIST LAW

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

INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

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

## SIGNATURE

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY (UMBI) COVERAGE HAS BEEN OFFERED TO ME.

- 1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. \_ (INITIALS)
- 2. I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. (Signature Required)

Named Insured Signature Named Insured Signature Named Insured Signature

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