



AGENCY CUSTOMER ID: _____

**ALABAMA 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 \$ | | | |
| | | | PHYSICAL DAMAGE | | |
| | | | TOWING & LABOR | 3 7 | \$ |
| | | | COMP / OTC | 2 4 8 3 7 | |
| MEDICAL PAYMENTS | 2 4 8 3 7 | EACH PERSON \$ | SPECIFIED CAUSES OF LOSS | 2 4 8 3 7 | |
| UNINSURED MOTORIST | 2 6 | CSL BI EA PER \$ | COLLISION | 2 4 8 3 7 | |
| | 3 7 | BI EACH ACCIDENT \$ | | | |
| | 4 | | | | |
| HIRED / BORROWED LIABILITY | YES STATES NO | COST OF HIRE \$ IF ANY BASIS | HIRED PHYSICAL DAMAGE | STATES # DAYS # VEH | COVERAGE / DEDUCTIBLE COMP / OTC \$ SPEC C OF L \$ COLL \$ |
| NON-OWNED LIABILITY | YES STATES NO | GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS | | NUMBER OF | |
| | | | | | |
| | | | | | |
| 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 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 |
|-----------------------|------|----------------------|--------------------------|

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

| COVERAGES | | COVERED AUTO SYMBOLS | | LIMITS | | PHYSICAL DAMAGE | | | | | |
|----------------------------|--------|----------------------|--|------------|------------|----------------------|--------|------------|--|------------|----|
| COVERAGES | | COVERED AUTO SYMBOLS | | LIMITS | | COVERED AUTO SYMBOLS | | LIMITS | | DEDUCTIBLE | |
| LIABILITY | | 41 | | 46 | | CSL | | BI | | EA PER | \$ |
| | | 42 | | 47 | | BI EACH ACCIDENT \$ | | | | | |
| | | 43 | | 50 | | PROPERTY DAMAGE \$ | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| MEDICAL PAYMENTS | | 42 | | 46 | | EACH PERSON \$ | | | | | |
| | | 43 | | | | | | | | | |
| UNINSURED MOTORIST | | 42 | | 46 | | CSL | | BI | | EA PER | \$ |
| | | 43 | | | | BI EACH ACCIDENT \$ | | | | | |
| | | 45 | | | | | | | | | |
| | | | | | | | | | | | |
| 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 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 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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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 | | BI EACH ACCIDENT | | \$ | | | | | | 63 | | 68 | | | | | | | |
| | | 63 | | 71 | | PROPERTY DAMAGE | | \$ | | | | | | 64 | | | | | | | | | |
| | | 64 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | SPECIFIED CAUSES OF LOSS | | 62 | | 67 | | SCL | | FT | | LSP | \$ |
| | | | | | | | | | | | | | | 63 | | 68 | | F | | FTW | | | |
| | | | | | | | | | | | | | | 64 | | | | | | | | | |
| | | | | | | | | | | | | COLLISION | | 62 | | 67 | | | | | | \$ | |
| | | | | | | | | | | | | | | 63 | | 68 | | | | | | | |
| | | | | | | | | | | | | | | 64 | | | | | | | | | |
| 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 | | | | | | | | | | COMP / OTC | | 69 | | | | | | | | | |
| | | | | | | | | | | | | | | 70 | | | | | | | | | |
| | | | | | | | | | | | | SPECIFIED CAUSES OF LOSS | | 69 | | | | | | | | | |
| | | | | | | | | | | | | | | 70 | | | | | | | | | |
| 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 | | EMPLOYEES | | | | | | | | | | | | | | | | |
| | | | | | | | VOLUNTEERS | | | | | | | | | | | | | | | | |
| | | | | | | | PARTNERS | | | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | COVERAGE IS: | | | PRIMARY | | SECONDARY | | | | | | |
| | | | | | | | | | | | | OTHER | | | | | | | | | | | |

COVERED AUTO SYMBOLS

| | | | |
|------------------------------------|---|--|---|
| (61) ANY AUTO | (64) OWNED COMMERCIAL AUTOS ONLY | (67) SPECIFICALLY DESCRIBED AUTOS | (70) YOUR TRAILERS IN THE POSSESSION OF |
| (62) OWNED AUTOS ONLY | (65) OWNED AUTOS SUBJECT TO NO-FAULT | (68) HIRED AUTOS ONLY | ANOTHER TRUCKER UNDER A TRAILER |
| (63) OWNED PRIVATE PASS AUTOS ONLY | (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW | (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT | INTERCHANGE AGREEMENT |
| | | | (71) NON-OWNED AUTOS ONLY |

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