AGENCY CUSTOMER ID: __

ACORD®	

ARIZONA COMMERCIAL AUTO

DATE	(MM/DD/YYYY)	

ACORD								COV	ERA	AGES / I	LIN	IITS S	SECTION	1											
AGENCY	Y NAMED IN													IED INSURED(S)											
POLICY NUMBER									EFF	ECTIVE DAT	ΓE	CARRIER	RRIER												ODE
BUSINESS AUT	O SEC	CTIO	N																						
COVERAGES				SYM	IBOLS				LIMITS	<u> </u>			COVERA	LS		ı	IMIT	s							
	1		4		9		CSL	BI EA PE	R \$				COVERAGES COVERED AUTO SYMBOLS												
LIABILITY	2	: [7			BI E	ACH ACCI		\$																
	3	1	8			PRO	PERTY D	AMAGE																	
													PHY	SICA	L DAI	MAG	E								
													TOWING & LABOR			3					\$				
													COMP / OTC	:		2 3		4		8					
MEDICAL	2		4		8	EAC	H PERSO	N	\$				SPECIFIED	1000		2		4		8					
PAYMENTS	3		7	\perp		+		BI					CAUSES OF	LOSS		3		7							
UNINSURED	2		6				CSL _	BI EA PE					COLLISION			2		4		8					
MOTORIST	4		7			BIE	ACH ACCI		\$							3		7							
	2	:	6				CSL _	BI EA PE	R \$																
UNDERINSURED MOTORIST	3		7			BIE	ACH ACCI	DENT	\$																
HIRED / BORROWED		ES.		STAT	TES	cos	T OF HIR			IF ANY BAS	IS			STATE	S	S # DAYS		# VEH			COVE	RAGE / [DEDL	ICTIBLE	Ē
LIABILITY	N				\$													COMP \$							
	Y	′ES	S	STAT	ES	GRO	UP TYPE		NUMBER OF			OF	HIRED PHYSICAL									PEC OF L	\$		
NON-OWNED	N	10					EMPLOYEES						DAMAGE									OLL	\$		
LIABILITY							VOLUNT	EERS											_						
COVERED (1) ANY	AUTO						PARTNE		FD AU	TOS OTHER	THA	N PRIVA	TE PASSENG		COVER		IS:		(7) S	_	RIMAR'	Y DESC	_	D AUTO	
AUTO (2) OWN SYMBOLS (3) OWN	NED AU			SEN	GER Al	UTOS (ONLY	(5) OWN	ED AU	TOS SUBJE	CT T	O NO-FA					ΓS LAV	N	(8) H	IIRE	OTUA C	S ONLY AUTOS			
ENDORSEMENT	S/RI	ЕМА	RKS	S (A	COR	RD 10	1, Add	tional F	Rema	arks Sch	edu	ile, ma	y be attac	hed if n	nore	spa	ice i	s re	qui	red))				
SIGNATURE			0) :-		05.00		1011	- · · · · -	OL ICT	050 11:5:		-D ::==	E OD 11: 1::	V 6T:-	- 6: :-					A D =		A11 =		DE 5.	N 100 1
I UNDERSTAND T RENEWALS, CON														Y STATE	suf	PLE	MEN	1T V	VILL .	APP	LY TO	ALL F	UTU	KE PC	DLICY
APPLICANT'S SIGNATI	JRE	APPLICANT'S SIGNATURE										DUCER'S	SIGNATURE								NATI	ONAL PI	RODI	JCER N	UMBER

AGENCY	CUSTOMER ID:	
AGENCI	COSTONIER ID.	

TRUCKERS	SECTIO

TRUCKERS SEC	CTION		BUVEICAL DAMACE													
COVERAGES	COVERED AUTO SYMBOLS	LIMIT	PHYSICAL DAMAGE COVERAGES COVERED AUTO SYMBOLS LIMITS DEDUCTIBLE													
	41 46	CSL BI EA PER \$		COVERAGES	s	COV	ERED	_		LIMITS		DEDUCTIBLE				
l <u>-</u>				OOVERAGE			TIMBUL	47				DEDOOTIBLE				
LIABILITY	42 47	BI EACH ACCIDENT \$				42		47								
	43 50	PROPERTY DAMAGE \$		COMP / OTC		43						\$				
						46										
						42		47	SCL	FT	LSP					
				SPECIFIED				"' -	F							
				CAUSES OF LC	oss	43		! -		FTW		\$				
						46										
MEDICAL	42 46					42		47								
PAYMENTS	43	EACH PERSON \$		COLLISION		43						\$				
	42 46	CSL BI EA PER \$						'				·				
UNINSURED						46		_								
MOTORIST	43	BI EACH ACCIDENT \$		TOWING	-	46			\$							
	45			& LABOR												
	42 46	CSL BI EA PER \$					TRAIL	ER INT	ERCHAN	IGE						
UNDERINSURED	43	BI EACH ACCIDENT \$		COVERAGES	s s	SYMBOL	# TR	AILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE				
MOTORIST	45	\$12,1011/100152111 \$				48			ZONE							
	YES STATES			COMP / OTC												
NON-TRUCKERS HIRED / BORROWED		COST OF HIRE	IF ANY BASIS			49										
HIKED / BOKKOWED	NO	\$		SPECIFIED		48										
TRUCKERS	YES STATES	COST OF HIRE	IF ANY BASIS	CAUSES OF LC	oss	49										
HIRED / BORROWED LIABILITY	NO	\$	•			48										
	YES STATES	GROUP TYPE	NUMBER OF	COLLISION		49						\$				
NON-OWNED	NO NO		NUMBER OF	TRAILER VALU	E \$											
AUTO	INO INO	EMPLOYEES		TRAILER VALU												
LIABILITY		VOLUNTEERS			STATE	S #	DAYS	# '	VEH							
		PARTNERS														
OTHER		·	•	HIRED												
				PHYSICAL												
				DAMAGE												
					С	OVERA	SE IS:		F	RIMARY	S	ECONDARY				
				OTHER												
COVERED ALITO CYMI	2016															
(41) ANY AUTO	(OWNED AUTOS SUBJECT TO OWNED AUTOS SUBJECT TO 		PECIFICALLY DESCR RED AUTOS ONLY	RIBED A	UTOS						SESSION OF A TRAILER				
(42) OWNED AUTOS O	ONLY	COMPULSORY UNINSURED		RAILERS IN YOUR PO	OSSESS	ION UNI	DER	II	NTERCH	ANGE AGE	REEMENT	A INAILLIN				
(43) OWNED COMMER	RCIAL AUTOS ONLY	MOTORIST LAW	A	TRAILER INTERCHA	NGE AG	REEME	TV	(50) N	NON-OW	NED AUTO	S ONLY					
ENDORSEMENT	S / REMARKS (Attach	h ACORD 101, Addition	nal Remarks Sch	edule, if more	space	is rec	uired	(k								
	,	·		·	•											
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CICNATURE																
SIGNATURE																
		ELECTION AND LIMIT CHO			STATE	SUPP	EME	NT WI	ILL APF	PLY TO A	LL FUTU	RE POLICY				
RENEWALS, CON	ITINUATIONS AND CHAN	GES UNLESS I NOTIFY YO	OU OTHERWISE IN V	WRITING.								l				
APPLICANT'S SIGNATI	URE	DATE	PRODUCE	R'S SIGNATURE						NATION	IAL PROD	UCER NUMBER				
												l				

IOTOR CARRIE	R SECTION	AGE	NCY CUSTOMER ID
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	

COVERAGES	со	VERI	ED A	UTO SYMB	ols								PHYSICAL DAMAGE COVERED DAMAGE											
	61 67 CSL BI EA PER \$								COVERA	GES	A	COVE UTO SY	RED MBO	LS		LIMITS		DEDUCTIBLE						
		62		68		BIEA	BI EACH ACCIDENT \$					62		67										
LIABILITY		63		71		PROF	PERTY DA	MAGE	\$			COMP / OTO		63		68				\$				
		64							·						64						Ť			
															62		67	SCL	FT	LSP				
												SPECIFIED			63		1 h	F			œ.			
										CAUSES OF	CAUSES OF LOSS				68		FTW	,	\$					
															64									
															62		67							
											COLLISION			63		68				\$				
			_												64	_								
MEDICAL		62		64		EACL	H PERSON		\$			TOWING			63		J	\$						
PAYMENTS		63		67		EACE	TERSON	_				& LABOR			67			Φ						
		62		66			CSL	BI EA PEI	R \$									TERCHAN						
UNINSURED MOTORIST		63		67		BIEA	CH ACCIE		\$			COVERA	GES	SY	MBOL	# TR	AILER	s FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE			
WOTORIST		64										00110 / 07/			69									
		62		66			CSL	BI EA PEI	R \$			COMP / OTO	,		70									
UNDERINSURED		63		67			CH ACCIE	_	\$						69									
MOTORIST		64		7		D. L.	.011710012	/LIVI	Ψ			SPECIFIED CAUSES OF	LOSS		70									
NON TRUCKERS		YE	 S	STATE	s	000	T OF HIRE			IF ANY BA	CIC			_	69									
NON-TRUCKERS HIRED / BORROWED		NO		*			I OF HIKE	l		IF AINT DA	313	COLLISION									\$			
TRUCKERS		YE		STATE		\$						TRAILER VA	U I I E	\$	70									
HIRED / BORROWED		+		SIAIL			T OF HIRE	l		IF ANY BA	SIS	TRAILLIN VA		TES	# 5	DAYS	- 4	VEH						
LIABILITY		NO			_	\$						4	317	(IES	# L	AIS	#	VEH						
		YES STATES GROUP TYPE								NUN	MBER OF	_												
NON-OWNED AUTO		NO)		-		EMPLOYE	ES				HIRED PHYSICAL												
LIABILITY							VOLUNTE	ERS				DAMAGE												
							PARTNER	S																
OTHER														СО	VERAG	E IS:		F	PRIMARY	S	ECONDARY			
												OTHER												
COVERED AUTO SYME	BOLS				(64) (OWNE	ED COMM	ERCIAL A	UTOS	ONLY	(67) SPE	CIFICALLY DES	SCRIBE	D AU1	ros		(70)	YOUR TR	AILERS IN	THE POS	SESSION OF			
(61) ANY AUTO					(65)	OWNE	ED AUTOS	SUBJEC	OT T	NO-FAULT	(68) HIR	ED AUTOS ONL	_Y					ANOTHE	R TRUCKE	R UNDER	A TRAILER			
(62) OWNED AUTOS O (63) OWNED PRIVATE		S AU	TOS	ONLY			UNINSUF			A COMPUL LAW		ILERS IN YOUF RAILER INTERC							NED AUTO	REEMENT OS ONLY				
ENDORSEMENT	s/	REI	MA	RKS (Att	tach	ACC	ORD 10	1. Addi	tiona	al Rema	rks Sche	dule. if mor	e spa	ce i	s rea	uire	d)							
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SIGNATURE																								
I UNDERSTAND T RENEWALS, CON													IY STA	TE S	SUPPL	EME	NT W	ILL APF	PLY TO A	LL FUTU	RE POLICY			
APPLICANT'S SIGNATI								DATE				S SIGNATURE							NATIO	NAL PROD	UCER NUMBER			
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A CODD 407 A 7	<i></i>							-			0 - 6 0													