



AGENCY CUSTOMER ID: _____

FLORIDA COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	\$10,000 BASIC DED AP-PLIES TO: NAMED INS ONLY NAMED INS & DEP RES REL DED: NO DEDUCTIBLE \$250 \$500 \$1000 WK LOSS EXCL: NAMED INS ONLY NAMED INS & DEP RES REL	PHYSICAL DAMAGE		
EXTENDED P.I.P.	5 7	INCLUDE WK LOSS EXCLUDE WK LOSS	TOWING & LABOR	3 7	\$
ADDITIONAL P.I.P.	5 7	OPTION#: \$ INCLUDE WK LOSS EXCLUDE WK LOSS	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 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 4 8 3 7	
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	COVERAGE IS: PRIMARY SECONDARY		
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		

ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE		
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$					42 <input type="checkbox"/>	47 <input type="checkbox"/>
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$					43 <input type="checkbox"/>	46 <input type="checkbox"/>
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	46 <input type="checkbox"/>	\$10,000 BASIC	DED AP-PLIES TO: <input type="checkbox"/>	NAMED INS ONLY	NAMED INS & DEP RES REL	SPECIFIED CAUSES OF LOSS		
	46 <input type="checkbox"/>		DED: NO DEDUCTIBLE		\$250			SCL <input type="checkbox"/>	
			\$500	\$1000	FT <input type="checkbox"/>	LSP <input type="checkbox"/>		F <input type="checkbox"/>	
EXTENDED P.I.P.	44 <input type="checkbox"/>	46 <input type="checkbox"/>	INCLUDE WK LOSS	EXCLUDE WK LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	COLLISION		
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	46 <input type="checkbox"/>	OPTION#: \$	INCLUDE WK LOSS	43 <input type="checkbox"/>	46 <input type="checkbox"/>			
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON	\$	46 <input type="checkbox"/>		TOWING & LABOR		
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$			TRAILER INTERCHANGE		
	43 <input type="checkbox"/>	45 <input type="checkbox"/>	BI EACH ACCIDENT \$		COVERAGES	SYMBOL		# TRAILERS	
					48 <input type="checkbox"/>	49 <input type="checkbox"/>	FARTH ZONE		
					48 <input type="checkbox"/>	49 <input type="checkbox"/>	# DAYS		
NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE	IF ANY BASIS	48 <input type="checkbox"/>	49 <input type="checkbox"/>	RADIUS		
TRUCKERS HIRED/BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE	IF ANY BASIS	48 <input type="checkbox"/>	49 <input type="checkbox"/>	DEDUCTIBLE		
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	49 <input type="checkbox"/>				
	NO <input type="checkbox"/>		EMPLOYEES						
			VOLUNTEERS						
			PARTNERS						
OTHER									
				COVERAGE IS:		PRIMARY	SECONDARY		
				OTHER					
COVERED AUTO SYMBOLS		(44) OWNED AUTOS SUBJECT TO NO-FAULT		(46) SPECIFICALLY DESCRIBED AUTOS		(49) YOUR TRAILERS IN THE POSSESSION OF			
(41) ANY AUTO		(45) OWNED AUTOS SUBJECT TO A		(47) HIRED AUTOS ONLY		ANOTHER TRUCKER UNDER A TRAILER			
(42) OWNED AUTOS ONLY		COMPULSORY UNINSURED		(48) TRAILERS IN YOUR POSSESSION UNDER		INTERCHANGE AGREEMENT			
(43) OWNED COMMERCIAL AUTOS ONLY		MOTORIST LAW		A TRAILER INTERCHANGE AGREEMENT		(50) NON-OWNED AUTOS ONLY			

ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

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I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

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MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS				PHYSICAL DAMAGE						
			CSL	BI EA PER	\$		COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE
LIABILITY	61	67					COMP / OTC	62	67				\$
	62	68						63	68				
	63	71						64					
	64												
PERSONAL INJURY PROTECTION	65		\$10,000 BASIC	DED APPLIES TO:	NAMED INS ONLY	NAMED INS & DEP RES REL	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67		DED:	NO DEDUCTIBLE		\$250		63	68	F	FTW		
			WK LOSS EXCL:	\$500	NAMED INS ONLY	\$1000		64					
EXTENDED P.I.P.	65	67		INCLUDE WK LOSS		EXCLUDE WK LOSS	COLLISION	62	67				\$
ADDITIONAL P.I.P.	65	67	OPTION#:	\$		INCLUDE WK LOSS		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						COMP / OTC	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	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO			\$									
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF			OTHER	COVERAGE IS:			PRIMARY	SECONDARY	
	NO		EMPLOYEES										
			VOLUNTEERS										
OTHER			PARTNERS										

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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