

AGENCY CUSTOMER ID:

FLORIDA COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY

CARRIER

NAIC CODE

POLICY NUMBER											EF	FEC	TIVE	DATE	NAP	MEDI	NSURED(S)													
BUSINESS AUT	ro s	ЕСТ		N																										
COVERAGES	COVERED AUTO SYMBOLS						LIMITS											COVERA	VER	ED AU	то s	YMB	ols		L	IMITS				
LIABILITY		1 4 9 2 7 3 8				9	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$																							
							\$10,000 DED AP- BASIC PLIES TO: INS ONLY DEP RES REI								IS & REL	1														
PERSONAL INJURY PROTECTION		5			DED: NO DEDUC						JCTIBLE \$250							PHYSICAL DAMAGE												
FROTECTION		7					\$500 WK LOSS NAMED EXCL: INS ONL) ILY	Y STOREST			& =L	TOWING & LABOR			3]	-		\$					
EXTENDED P.I.P.		5		7				INCL		WKL	oss			-		VK LO		COMP / OTC			2		4		8					
ADDITIONAL P.I.P.		5		7				JPTION#		\$				INCLU WK L	JDE OSS	EXC WK	LOSS				3		7							
MEDICAL PAYMENTS		2 3		4 7		8	EACH PERSON						\$			SPECIFIED CAUSES OF LOSS			2 3		4 7		8							
UNINSURED MOTORIST		2 6 3 7 4					CSL BI EA PER \$										COLLISION		2				8							
HIRED/BORROWED LIABILITY		YES STATES NO YES STATES NO					COST OF HIRE \$ GROUP TYPE						IF ANY BASIS					HIRED	STAT	ËS	S # DAYS		# VEH			COVERAGE/DEDUCTIBLE COMP \$ SPEC C OF L \$				
NON-OWNED LIABILITY							EMPLOYEES VOLUNTEERS									PHYSICAL DAMAGE			OVERAGE IS:						\$					
AUTO (2) ALL OWNED AUTOS (5) AL							ALL O DWNE	L L L L L L L L L L L L L L L L L L L						/ERAC	θE		(8) I (9) I	HIRE	DS SF D AU	TOS	ECIFIED ON SCHEDULE									
SIGNATURE																														
PERSONAL INFO SUBSEQUENT R CERTAIN CIRCU INFORMATION I PRACTICES REC REQUEST TO US	ENE JMST N OL GARD	WALS ANC JR F	S. S ES FILE:	SUCH BE S AN	i INF DISC ND C	FORM CLOS	MATI SED REC	ON A TO T QUES	S W THIR T C	/ELL RD P ORF	AS PART RECT	OTH TES FION	ier Wi	PEF ITHC F AN	RSON OUT V NY IN	ial a Your Nacc	ND I R AU URA	PRIVILEGED JTHORIZATIO CIES. A MO) INFOR ON. YC ORE DI	rmat DU H. Etail	ION AVE .ED	COL THE DES	LEC E RI CRII	TED GHT PTIC) BY T TC DN (US OR () REVIE\)F YOUF	DUR A W YO R RIG	AGEN DUR F GHTS	TS M/ PERSC AND	AY IN ONAL OUR
ANY PERSON W CONTAINING AN																								ENT	OF	CLAIM	OR A	N API	PLICA	
I UNDERSTAND COVERAGE 2) BUT NOT LESS 1	NON	-STA	CKE	ED U	NINS	SURE	ED M	IOTO	RIS	г со	VER	RAGE	Е ;	3) LII	MITS	EQU	IAL T	O MY BODI												
I UNDERSTAND RENEWALS, CO																			IY STAT	TE SU	JPP	LEME	ENT	WIL	L AF	PLY TO	ALL F	UTU	RE PC	LICY
PRODUCER'S SIGNATURE									1	PRODUCER'S NAME (Please Print) STATE PRODUCE (Required in Florid												SE NO								

APPLICANT'S SIGNATURE

ACORD 137 FL (2009/08)

 Page 1 of 3
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DATE

NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

AGENCY CUSTOMER ID:

COVERAGES	COVERED AUTO SYMBOLS LIMITS												PHYSICAL DAMAGE												
		41		46	3		CSL BI EA PER \$								COVERAG	COVE UTO SY		s		LIMITS	DEDUCTIBLE				
LIABILITY		42 47					BI EACH ACCIDENT \$									42				47					
		1	<u> </u>															1	47						
		43		50)		PROPERTY DAMAGE \$										43						\$		
							\$10,000 DED AP- BASIC PLIES TO: NAMED NAMED INS & INS ONLY DEP RES REL							IS & REL	4			46							
PERSONAL INJURY		44					NO DEDUCTIBLE \$250							4			42		47	SCL	FT	LSP			
PROTECTION							DED:							SPECIFIED			1			F	FTV		¢		
		46					\$500 \$1000 WK LOSS NAMED NAMED INS &							CAUSES OF LOSS 43		43					v	\$			
							WK LOSS NAMED A NAMED INS & EXCL: INS ONLY DEP RES REL										46								
EXTENDED P.I.P.		44		46	ô			INCLUDE	WK LOS	ss	EX	CLUD	E WK LO	SS			42		47						
ADDITIONAL P.I.P.		44		46	â		0	OPTION#:	\$		IN	ICLUDE K LOSS	EXC	LUDE	COLLISION			43						\$	
		42		46							VVI	K LOSS		1033	1			1						Ť	
MEDICAL PAYMENTS		1	<u> </u>	40	2		EAC	H PERSO	N	\$						<u> </u>	46								
FATMENTS	43														TOWING		46			\$					
		42		46	3		CSL BI EA PER \$							& LABOR						•					
UNINSURED		43					BI E	ACH ACCI	DENT	\$								•	TRAIL	ER INT	ERCHAN	IGE			
MOTORIST		45													COVERAG	255	sv	MBOL	# TP		FARTH	# DAYS	RADIUS	DEDUCTIBLE	
		45													COVERA	313	31		# 110	AILLING	ZONE	#DATS	DEDUCTIBLE		
															COMP / OTC	;		48							
																49									
												SPECIFIED			48										
		YES	5		STAT	ES	0		-		IF AN	VBAS	219		CAUSES OF	LOSS		49							
NON-TRUCKERS HIRED/BORROWED		NO							-			I DAG	515				<u> </u>	-							
							\$			_					COLLISION			48						\$	
TRUCKERS HIRED/BORROWED		YES	5		STAT	ES	COST OF HIRE				IF AN	Y BAS	SIS		COLLIGION			49						Ŷ	
LIABILITY		NO					\$								STA		TES	# D	AYS	# \	VEH				
		YES	5	S	STATE	ES	GROUP TYPE NUMBER								1										
							GRU																		
NON-OWNED AUTO		NO						EMPLOY	EES						HIRED PHYSICAL										
LIABILITY								VOLUNT	EERS						DAMAGE										
								PARTNE	RS																
OTHER							- · ·		-								<u> </u>	VERAG	E 18.			RIMARY		ECONDARY	
-															OTHER			LINAG	L 10.					LCONDART	
COVERED AUTO SYME	OLS					(44)) OWN	IED AUTC	S SUBJ	ЕСТ ТС	D NO-F	AULT	(46)	SPEC	CIFICALLY DE	SCRIBE	D AU	JTOS		(49) Y	OUR TR	AILERS IN	THE POS	SESSION OF	
(41) ANY AUTO (45) OWNED AUTOS SUBJECT TO A (47) HIRI												HIRE	D AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER												
(42) OWNED AUTOS ONLY COMPULSORY UNINSURED (48) TRA													LERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT AILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY												
(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) (50) NON-OWNED AUTOS ONLY																									
ENDORSEMENT	S/	REN	IA	(KS	5 (A	ttach	n AC	<u>ORD 10</u>	01, Ad	dition	nal Re	ema	rks Sc	hed	ule, if mor	e spa	ceı	s req	uire	d)					
SIGNATURE																									
PERSONAL INFOR																									
SUBSEQUENT RE CERTAIN CIRCUN																									
INFORMATION IN	-		-		-					-										-					
PRACTICES REGA																									
REQUEST TO US.																									
ANY PERSON WH																					NT OF	CLAIM (OR AN A	PPLICATION	
CONTAINING ANY	FAL	_SE,	INC	OIV	IPLE	IE, O	R MI	SLEADIN	IG INFO	JRMA	TION	IS G	UILTYC	PF A	FELONY OF	THE	I HIR	D DEC	SREE						
I UNDERSTAND A	ND	ACK	(NO)	WL	EDG	E TH	AT I	HAVE B	EEN O	FFER	ED TH	HE F	OLLOW	ING	UNINSURE	р мот	FORI	ST OF	ртіоі	NS: 1)	STAC	KED UN	INSURE	MOTORIST	
I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTO COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIM																									
BUT NOT LESS TH	IAN	\$10,	000/	\$20	0,000) 5)F	REJE	CTION C	F THE	COVE	RAGE	E CO	MPLET	ELY.											
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE F																									
RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.																									
,			-																					R LICENSE NO	
PRODUCER'S SIGNATU	JKE										PRODU	JUEK'	'S NAME	riea	se Print)								ed in Flori		
APPLICANT'S SIGNATU	JRE																	D	ATE			NATION	IAL PROD	JCER NUMBER	

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID:

COVERAGES					MBOL	s	LIMITS								PHYSICAL DAMAGE										
COVERAGED			7 10		MIDOL				BI					COVERA	050		COVE	RED							
	61 67							SL	_	PER \$				COVERA	UTO SY	MBO			LIMITS	DEDUCTIBLE					
LIABILITY		62		68		BII	EAC	H ACCID	ENT	\$								62	<u> </u>	67					
		63 71					(OPE	RTY DAI	MAGE	\$					COMP / OTC 6		63		68			\$			
														64			64								
						\$10 BA	0,000) DED / PLIES	AP-		NAMED NAMED INS & DEP RES REL						62		67	SCI	_ FT	LSF			
PERSONAL INJURY		65								DEDUCT				SPECIFIED			63		68	F	FT		\$		
PROTECTION							DED:						-		CAUSES OF	LOSS		1			''		•	Ψ	
	67						WK LOSS NAMED					NA	\$10 MED					64							
						EX	<u>(ÇL:</u>		INS (<u>ÖNLY</u>	Y NAMED INS & DEP RES REL				4			62	<u> </u>	67					
EXTENDED P.I.P.		65		67			_	ICLUDE V	NK LOS	ss		EXCLU	_		COLLISION			63		68				\$	
ADDITIONAL P.I.P.		65		67			OPTI	ON#:	\$			INCLUDI WK LOS	E SS	EXCLUDE WK LOSS	64			64							
MEDICAL		62		64											TOWING 65			63	3						
PAYMENTS		63		67		EA	CH F	PERSON		\$					& LABOR			67		ʻ :	\$				
		C		BI	ER \$							L	-	TDAII		ERCHA	NGE								
UNINSURED		62		66																		H # DAYS			
MOTORIST		63		67		BII	BI EACH ACCIDENT \$								COVERA	GES	SY	MBOL	# TR	AILERS	ZONE	# DAYS	RADIUS	DEDUCTIBLE	
		64															69								
																		70							
															SPECIFIED			69							
														CAUSES OF	LOSS		70								
		YES		ST	ATES								010												
NON-TRUCKERS HIRED/BORROWED				01	NILO		151 (OF HIRE			IF ANY BASIS				COLLISION		69						\$		
		NO				\$	\$										L_	70							
TRUCKERS HIRED/BORROWED		YES		ST	ATES	со)ST (OF HIRE			IF ANY BASIS					STA	TES	# DAYS		#	VEH				
LIABILITY		NO				\$																			
		YES		STA	ATES	GR	ROUF	P TYPE				NUMBER OF			HIRED										
NON-OWNED		NO					EMPLOYEES								PHYSICAL DAMAGE										
AUTO								VOLUNTEERS																	
LIABILITY							-								-	<u> </u>									
							P/	ARTNERS	S								00	VERAG	E IS:		┙	PRIMARY		SECONDARY	
OTHER															OTHER										
COVERED AUTO SYME	BOLS				(64)		ED C	OMMER	CIAL A	UTOS C	ONL	Y	(67) SPE	CIFICALLY DE	SCRIBE	D AL	JTOS		(70) ነ	OUR T	RAILERS IN	THE POS	SESSION OF	
(61) ANY AUTO	(61) ANY AUTO (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRE											68) HIRE	D AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER												
(62) OWNED AUTOS O (63) OWNED PRIVATE		Διιτα	<u>ה אר</u>		(66)			UTOS SU					(ILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT CALLER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY										
ENDORSEMENT					(Atta)	-h AC		20 101		dition	2	Poma	arke							. ,					
	571				Alla		501		i, Au	union	a	Nemic	ainə	Scheu		e spa		sieq	une	u)					
SIGNATURE																									
PERSONAL INFO																									
SUBSEQUENT RE																									
INFORMATION IN																									
PRACTICES REG	ARDI	NG S	SUC	h inf	FORM	ATION	N IS	AVAIL	ABLE	UPON	I R	EQUES	ST. C	ONTAC	T YOUR AG	ENT O	R B	ROKEI	r fo	R INS	TRUC	TIONS O	N HOW	TO SUBMIT A	
REQUEST TO US.																									
ANY PERSON WI									וו ואו ר		שר								STV.						
CONTAINING ANY																						CLAIN		AFFLICATION	
COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITE BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.											VIY BI LIIVII 15,														
DUTINUT LESS THAN \$10,000/\$20,000 S) REJECTION OF THE GOVERAGE COMPLETELY.																									
I UNDERSTAND T																NY STA	TE :	SUPPL	EME	INT W	/ILL AF	PPLY TO	ALL FU	URE POLICY	
RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.																									
PRODUCER'S SIGNAT	URE									I	PRC	DUCER	R'S NA	ME (Plea	se Print)								PRODUC ed in Flor	ER LICENSE NO ida)	
																								-	
APPLICANT'S SIGNAT	URE												-					D	ATE			NATIO	NAL PROD	UCER NUMBER	