



AGENCY CUSTOMER ID: \_\_\_\_\_

**NEW JERSEY COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

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

**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 \$			
PERSONAL INJURY PROTECTION	5	LAWSUIT THRESHOLD MEDICAL ONLY	PHYSICAL DAMAGE		
	7	NO THRESHOLD			
		HEALTH INSURANCE OPTION YES NO	TOWING & LABOR	3 7	\$
		MEDICAL EXPENSE \$	OTHER THAN COLLISION	2 4 8	
		DED \$		3 7	
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:		SPECIFIED CAUSES OF LOSS	2 4 8	
UNINSURED / UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	3 7	
	3 7	BI EACH ACCIDENT \$		2 4 8	
	4	PROPERTY DAMAGE \$		3 7	
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			
	NO	EMPLOYEES			
	NO	VOLUNTEERS			
		PARTNERS			
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	COVERAGE IS:	PRIMARY	SECONDARY
					(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)**

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**SIGNATURE**

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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 INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**TRUCKERS SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/> 42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 50 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OTHER THAN COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 46		\$			
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/> 46 <input type="checkbox"/>	LAWSUIT THRESHOLD <input type="checkbox"/> MEDICAL ONLY NO THRESHOLD HEALTH INSURANCE OPTION <input type="checkbox"/> YES <input type="checkbox"/> NO MEDICAL EXPENSE \$ DED \$ EXT MED EXP EA PER \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 46	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP F <input type="checkbox"/> FTW	\$			
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:		COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 46		\$			
UNINSURED / UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 45	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TOWING & LABOR	46	\$				
<b>TRAILER INTERCHANGE</b>									
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES STATES <input type="checkbox"/> NO <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	OTHER THAN COLLISION	48 49					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES <input type="checkbox"/> NO <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	48 49					
NON-OWNED AUTO LIABILITY	YES STATES <input type="checkbox"/> NO <input type="checkbox"/>	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	COLLISION	48 49					\$
OTHER			HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH					
			OTHER	COVERAGE IS:		PRIMARY		SECONDARY	

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (47) HIRED AUTOS ONLY (50) NON-OWNED AUTOS ONLY  
 (43) OWNED COMMERCIAL AUTOS ONLY

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**MOTOR CARRIER SECTION**

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COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	OTHER THAN COLLISION	62	67					
	62	68	BI EACH ACCIDENT \$		63	68					
	63	71	PROPERTY DAMAGE \$		64						
	64										
PERSONAL INJURY PROTECTION	65		LAWSUIT THRESHOLD <input type="checkbox"/> MEDICAL ONLY	SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP				
	67		NO THRESHOLD		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
			HEALTH INSURANCE OPTION <input type="checkbox"/> YES <input type="checkbox"/> NO		64						
			MEDICAL EXPENSE \$		62	67					
		DED \$			63	68					
		EXT MED EXP EA PER \$			64						
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:			TOWING & LABOR	63						
UNINSURED / UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	OTHER THAN COLLISION	67						
	63	67	BI EACH ACCIDENT \$		70						
	64		PROPERTY DAMAGE \$								
			<b>TRAILER INTERCHANGE</b>								
			<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>STATE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>		
				69							
				70							
				69							
				70							
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69						
					70						
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	GROUP TYPE								
			EMPLOYEES		NUMBER OF						
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER				PRIMARY	SECONDARY		

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