



AGENCY CUSTOMER ID: _____

TEXAS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

| | | | |
|---------------|-------------------------------|-----------|--|
| AGENCY | APPLICANT/FIRST NAMED INSURED | | |
| POLICY NUMBER | 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 \$ | | | |
| PERSONAL INJURY PROTECTION | 5 | EACH PERSON \$ | PHYSICAL DAMAGE | | |
| | 7 | AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$ | TOWING & LABOR | 3 7 | \$ |
| MEDICAL PAYMENTS | 2 4 8 | EACH PERSON \$ | COMPREHENSIVE | 2 4 8 3 7 | |
| | 3 7 | | SPECIFIED CAUSES OF LOSS | 2 4 8 3 7 | |
| | | | COLLISION | 2 4 8 3 7 | |
| UNINSURED/ UNDERINSURED MOTORIST | 1 4 | CSL BI EA PER \$ | | | |
| | 2 7 | BI EACH ACCIDENT \$ | | | |
| | 3 | PROPERTY DAMAGE \$ DED | | | |
| 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 | | | |
| | | 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

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

| COVERAGES | COVERED AUTO SYMBOLS | | LIMITS | | PHYSICAL DAMAGE | | | | | | |
|----------------------------------|------------------------------|-----------------------------|------------------------------|---------------------------------------|--------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|------------|
| | | | | | COVERAGES | COVERED AUTO SYMBOLS | | LIMITS | | | DEDUCTIBLE |
| LIABILITY | <input type="checkbox"/> 41 | <input type="checkbox"/> 46 | <input type="checkbox"/> CSL | <input type="checkbox"/> BI EA PER \$ | COMPREHENSIVE | <input type="checkbox"/> 42 | <input type="checkbox"/> 46 | | | | \$ |
| | <input type="checkbox"/> 42 | <input type="checkbox"/> 47 | BI EACH ACCIDENT \$ | | | <input type="checkbox"/> 43 | <input type="checkbox"/> 47 | | | | |
| | <input type="checkbox"/> 43 | <input type="checkbox"/> 50 | PROPERTY DAMAGE \$ | | | | | | | | |
| PERSONAL INJURY PROTECTION | <input type="checkbox"/> 42 | EACH PERSON \$ | | TOTAL DISABILITY \$ | SPECIFIED CAUSES OF LOSS | <input type="checkbox"/> 42 | <input type="checkbox"/> 46 | <input type="checkbox"/> SCL | <input type="checkbox"/> FT | <input type="checkbox"/> LSP | \$ |
| | <input type="checkbox"/> 46 | | | | | <input type="checkbox"/> 43 | <input type="checkbox"/> 47 | <input type="checkbox"/> F | <input type="checkbox"/> FTW | <input type="checkbox"/> | |
| | | | | | COLLISION | <input type="checkbox"/> 42 | <input type="checkbox"/> 46 | | | | \$ |
| | | | | | | <input type="checkbox"/> 43 | <input type="checkbox"/> 47 | | | | |
| MEDICAL PAYMENTS | <input type="checkbox"/> 42 | <input type="checkbox"/> 46 | EACH PERSON \$ | | TOWING & LABOR | <input type="checkbox"/> 46 | | | | | \$ |
| UNINSURED/ UNDERINSURED MOTORIST | <input type="checkbox"/> 41 | <input type="checkbox"/> 46 | <input type="checkbox"/> CSL | <input type="checkbox"/> BI EA PER \$ | TRAILER INTERCHANGE | | | | | | |
| | <input type="checkbox"/> 42 | PROPERTY DAMAGE \$ DED | | | COVERAGES | SYMBOL | # TRAILERS | STATE | # DAYS | RADIUS | DEDUCTIBLE |
| | <input type="checkbox"/> 43 | | | | COMPREHENSIVE | <input type="checkbox"/> 48 | | | | | |
| | | | | | | <input type="checkbox"/> 49 | | | | | |
| | | | | | | <input type="checkbox"/> 48 | | | | | |
| | | | | | | <input type="checkbox"/> 49 | | | | | |
| NON-TRUCKERS HIRED/BORROWED | <input type="checkbox"/> YES | STATES | COST OF HIRE | <input type="checkbox"/> IF ANY BASIS | COLLISION | <input type="checkbox"/> 48 | | | | | \$ |
| | <input type="checkbox"/> NO | | \$ | | | <input type="checkbox"/> 49 | | | | | |
| HIRED/BORROWED LIABILITY | <input type="checkbox"/> YES | STATES | COST OF HIRE | <input type="checkbox"/> IF ANY BASIS | HIRED PHYSICAL DAMAGE | STATES | # DAYS | # VEH | | | |
| | <input type="checkbox"/> NO | | \$ | | | | | | | | |
| NON-OWNED AUTO LIABILITY | <input type="checkbox"/> YES | STATES | GROUP TYPE | NUMBER OF | | | | | | | |
| | <input type="checkbox"/> NO | | EMPLOYEES | <input type="checkbox"/> | | | | | | | |
| | | | VOLUNTEERS | <input type="checkbox"/> | | | | | | | |
| | | | PARTNERS | <input type="checkbox"/> | | | | | | | |
| OTHER | | | | | 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 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY

ENDORSEMENTS / REMARKS

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS | PHYSICAL DAMAGE | | | | | | | |
|----------------------------------|-------------------------------------|-------------------------------------|--|----------------------------|---------------|-------------------|------------------------------|------------------------------|------------------------------|-------------------|
| LIABILITY | 61 | 67 | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ | COMPREHENSIVE | 62 | 67 | | | | |
| | 62 | 68 | BI EACH ACCIDENT \$ | | 63 | 68 | | | | |
| | 63 | 71 | PROPERTY DAMAGE \$ | | 64 | | | | | |
| | 64 | | | | | | | | | |
| PERSONAL INJURY PROTECTION | 62 | EACH PERSON \$ | TOTAL DISABILITY \$ | SPECIFIED CAUSES OF LOSS | 62 | 67 | <input type="checkbox"/> SCL | <input type="checkbox"/> FT | <input type="checkbox"/> LSP | |
| | 67 | AUTO DEATH INDEMNITY \$ | | | 63 | 68 | <input type="checkbox"/> F | <input type="checkbox"/> FTW | | |
| | | | | COLLISION | 62 | 67 | | | | |
| | | | | | 63 | 68 | | | | |
| | | | | | 64 | | | | | |
| MEDICAL PAYMENTS | 62 | 64 | EACH PERSON \$ | TOWING & LABOR | 63 | | | | | |
| | 63 | 67 | | | 67 | | | | | |
| | | | | | | | | | | |
| UNINSURED/ UNDERINSURED MOTORIST | 61 | 64 | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ | TRAILER INTERCHANGE | | | | | | |
| | 62 | 67 | BI EACH ACCIDENT \$ | COVERAGES | SYMBOL | # TRAILERS | STATE | # DAYS | RADIUS | DEDUCTIBLE |
| | 63 | | PROPERTY DAMAGE \$ DED | COMPREHENSIVE | 69 | | | | | |
| | | | | SPECIFIED CAUSES OF LOSS | 70 | | | | | |
| | | | | COLLISION | 69 | | | | | |
| | | | | | 70 | | | | | |
| NON-TRUCKERS HIRED/BORROWED | <input type="checkbox"/> YES STATES | COST OF HIRE | <input type="checkbox"/> IF ANY BASIS | HIRED PHYSICAL DAMAGE | STATES | # DAYS | # VEH | | | |
| | <input type="checkbox"/> NO | \$ | | | | | | | | |
| HIRED/BORROWED LIABILITY | <input type="checkbox"/> YES STATES | COST OF HIRE | <input type="checkbox"/> IF ANY BASIS | | | | | | | |
| | <input type="checkbox"/> NO | \$ | | | | | | | | |
| NON-OWNED AUTO LIABILITY | <input type="checkbox"/> YES STATES | GROUP TYPE | NUMBER OF | OTHER | COVERAGE IS: | | PRIMARY | | SECONDARY | |
| | | <input type="checkbox"/> EMPLOYEES | | | | | | | | |
| | | <input type="checkbox"/> VOLUNTEERS | | | | | | | | |
| | <input type="checkbox"/> NO | <input type="checkbox"/> PARTNERS | | | | | | | | |
| OTHER | | | | | | | | | | |

COVERED AUTO SYMBOLS
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY
 (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

ENDORSEMENTS

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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS (UM/UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM/UIM BI AND/OR UM/UIM PD COVERAGES ENTIRELY.

1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (INITIALS)

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 | |
|-----------------------|--|------|----------------------|--|