



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

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

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	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 7	\$ DED \$			
OBEL	5 7	\$	<b>PHYSICAL DAMAGE</b>		
ADDITIONAL P.I.P.	5	WORK LOSS \$	TOWING & LABOR	3	\$
	7	OTHER EXP \$ DEATH BENEFIT \$		7	
WORK LOSS COORD	5 7	YES NO	COMP / OTC	2 4 8	
MEDICAL EXP ELIM	5 7	NAMED INS ONLY NAMED INSURED AND RELATIVES		3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
STATUTORY UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
	NO	\$			COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF	COVERAGE IS:	PRIMARY	SECONDARY
	NO	EMPLOYEES VOLUNTEERS PARTNERS			
<b>COVERED AUTO SYMBOLS</b>	(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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**SIGNATURE**

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN?				Y / N
NAME OF PLAN	PERSON COVERED	NAME OF PLAN	PERSON COVERED	

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.

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

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"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$
	42 <input type="checkbox"/> 47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>		
	43 <input type="checkbox"/> 50 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>		
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/> 46 <input type="checkbox"/>	\$ DED \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$
OBEL	44 <input type="checkbox"/> 46 <input type="checkbox"/>	\$		43 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>	
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	\$ WORK LOSS \$		46 <input type="checkbox"/>		
	46 <input type="checkbox"/>	OTHER EXP \$ DEATH BENEFIT \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$
WORK LOSS COORD	44 <input type="checkbox"/> 46 <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		43 <input type="checkbox"/>		
MEDICAL EXP ELIM	44 <input type="checkbox"/> 46 <input type="checkbox"/>	NAMED INS ONLY <input type="checkbox"/> NAMED INSURED AND RELATIVES <input type="checkbox"/>		46 <input type="checkbox"/>		
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	46 <input type="checkbox"/>	\$	
STATUTORY UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	<b>TRAILER INTERCHANGE</b>			
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>FARTH ZONE</b>
	45 <input type="checkbox"/>		COMP / OTC	48 <input type="checkbox"/>		
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$		49 <input type="checkbox"/>		
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>		
	45 <input type="checkbox"/>			49 <input type="checkbox"/>		
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	48 <input type="checkbox"/>		\$
	NO <input type="checkbox"/>			49 <input type="checkbox"/>		
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE	\$		
	NO <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH
	NO <input type="checkbox"/>	EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
OTHER						
			OTHER		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

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? Y / N

NAME OF PLAN	PERSON COVERED

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I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

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**MOTOR CARRIER SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE										
LIABILITY	61	67	CSL	BI EA PER \$	COMP / OTC	62	67						
	62	68	BI EACH ACCIDENT \$			63	68						
	63	71	PROPERTY DAMAGE \$			64							
	64												
PERSONAL INJURY PROTECTION	65	67		DED \$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP			
OBEL	65	67		\$		63	68	F	FTW				
ADDITIONAL P.I.P.	65			WORK LOSS \$	COLLISION	62	67						
	67			OTHER EXP \$		63	68						
WORK LOSS COORD	65	67	YES	NO	TOWING & LABOR	62	67						
MEDICAL EXP ELIM	65	67	NAMED INS ONLY			63	68						
MEDICAL PAYMENTS	62	64	EACH PERSON \$			63							
	63	67				67							
STATUTORY UNINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE								
	63	67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	62	66	CSL	BI EA PER \$	COMP / OTC	69							
	63	67	BI EACH ACCIDENT \$		SPECIFIED CAUSES OF LOSS	70							
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	TRAILER VALUE \$								
	NO		\$		STATES	# DAYS	# VEH						
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE								
	NO		EMPLOYEES										
			VOLUNTEERS										
			PARTNERS										
OTHER					COVERAGE IS:		PRIMARY	SECONDARY					
					OTHER								

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

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