

BUSINESS AUTO SECTION

COVERED AUTO SYMBOLS

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CSL

BI EACH ACCIDENT

AGENCY CUSTOMER ID:

COVERAGES

COVERED AUTO SYMBOLS

AGENCT COSTOMENTE
NEW YORK COMMERCIAL AUTO
COVERAGES / LIMITS SECTION

EFFECTIVE DATE CARRIER

LIMITS

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BI EA PER \$

NAMED INSURED(S)

DATE (MM/DD/YYYY)

LIMITS

NAIC CODE

AGENCY	

LIABILITY

POLICY NUMBER

COVERAGES

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RUCKERS SECTION

AGENCY CUSTOMER ID:

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TOR CARRIER SECTION

AGENCY CUSTOMER ID:

MOTOR CARRIE	<u>- R S</u>	ECI		4																							
COVERAGES	CO	OVERED AUTO SYMBOLS LIMITS														COVE	DAMAG	E									
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WORK LOSS COORD		65		67				YES			NO	Ψ		COLLISION			63		68				\$				
MEDICAL EXP ELIM		65		67	-	+ +		NAMED INS		+		INSURED LATIVES		COLLIGION			64						¢				
		62	-+		-	+ +		NAMED INS			AND RE	LATIVES					-										
MEDICAL PAYMENTS				64		-	EAC	H PERSON		\$				TOWING & LABOR			63		\$	\$							
		63	$ \square$	67					BI EA PEI					42.2011			67										
STATUTORY		62		66		-		CSL					-							FARTH							
UNINSURED MOTORIST		63		67			BIE	ACH ACCIDE	INT	\$			-	COVERAG	GES	SY	MBOL	# TR/	AILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE				
		64	$ \square$	<u> </u>			<u> </u>		DI					COMP / OTC			69										
SUPPLEMENTARY UNINSURED /		62		66				CSL	BI EA PEI	R \$							70	<u> </u>		<u> </u>							
UNDERINSURED		63 67					BI E	ACH ACCIDE	INT	\$				SPECIFIED			69										
MOTORIST (SUM)		64												CAUSES OF	LOSS		70										
NON-TRUCKERS		YES STATES				s	COST OF HIRE				IF ANY BAS	SIS					69										
HIRED / BORROWED		NO					\$							COLLISION			70						\$				
TRUCKERS HIRED / BORROWED		YES	;	ST.	ATES	s	COS	ST OF HIRE			IF ANY BAS	SIS		TRAILER VAI	LUE	\$											
LIABILITY		NO					\$,						STA	TES	# D.	AYS	#\	VEH							
		YES	;	ST	ATES	s		OUP TYPE			NUN	BER OF							1								
NON-OWNED		NO				İ		EMPLOYEE	.0					HIRED					I								
AUTO						ŀ	\vdash	VOLUNTEE						PHYSICAL					I								
LIABILITY						ŀ	\vdash							DAMAGE													
OTHER				PARTNERS																							
UTHER													ŀ			CO	VERAGE	E IS:		┸┯┸┺	PRIMARY	S	ECONDARY				
														OTHER													
COVERED AUTO SYM	BOL	S												CIFICALLY DE		D AU	TOS						SSESSION OF				
(61) ANY AUTO (62) OWNED AUTOS (ONLY						6) OW	'NED AUTOS 'NED AUTOS	SUBJE	СТ ТО	A COMPUL			D AUTOS ONI LERS IN YOUI		ESSI		DER			ER TRUCKI HANGE AG		R A TRAILER T				
(63) OWNED PRIVATE	PAS	S AU					SOF	RY UNINSUR	RED MOT	TORIS	ST LAW		A TR	AILER INTER	CHANGE	E AGI	REEME	NT	(71)	NON-OV	VNED AUT						
ENDORSEMENT	S/	REN	IAR	KS	(AC	CORI	D 10	1, Additi	onal F	Rema	arks Sch	nedule,	may	/ be attacl	hed if	mo	re spa	ace	is rec	quired)						
ANY APPLICANT (FRFI			NAG	E CC																	Y/N				
NAME OF PLAN	501					_							MEO	FPLAN					PERS								
						1.5		COVERED						FFLAN							LKLD						
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PERSONAL INFOR AND SUBSEQUEN														/						-							
MAY IN CERTAIN																											
INFORMATION IN	OU	R FI	ILES	AN	ID C	CAN F	REQI	UEST COF	RRECT	ION	OF ANY	INACCU	RAC	IES. A MO	ORE D	ETA	ILED I	DESC	CRIPT	ION O	F YOUR	RIGHTS	AND OUR				
PRACTICES REGAREQUEST TO US.		NG S	SUCI	H IN	FOR	RMAT	ION	IS AVAILA	BLE UF	PON	REQUES	T. CONT	ACT	YOUR AGE	ENT OF	R BR	OKER	FOR	{ INST	RUCTI	ONS ON	HOW TO	SUBMIT A				
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WITH SUCH APPL REPORT OF THE																											
MOTOR VEHICLE																											
PENALTY NOT TO	EX(CEED) FI\	/E Tł	HOL	JSAN	1D DC	JLLÁRS AI	ND THE	E VAI	LUE OF T	HE SUBJ	JECT	MOTOR VE	EHICLE	OR	STAT	ED C	CLAIM	FOR E	ACH VIO	LATION.					
APPLICANT'S SIGNATU	JRE						-		DATE			PRODUCE	ER'S	SIGNATURE				-			NATION	IAL PROD	UCER NUMBER				