



AGENCY CUSTOMER ID: _____

**SOUTH CAROLINA 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	DEDUCTIBLE	PHYSICAL DAMAGE		
	7	\$ \$	TOWING & LABOR	3 7	\$
ADDL PERSONAL INJURY PROTECTION	5	WORK LOSS \$	COMP / OTC	2 4 8	
	7	MED EXP \$		3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$ DED			
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4	PROPERTY DAMAGE \$ DED			
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	COVERAGE IS:	PRIMARY	SECONDARY
	NO	EMPLOYEES			
		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		(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

NOTICE OF INSURANCE INFORMATION PRACTICES - 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.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

IF I AM REQUESTING INSURANCE FOR ANY INDIVIDUALLY OWNED PICKUP TRUCK, PANEL TRUCK, VAN, OR SIMILAR MOTOR VEHICLE, AND I HAVE PREVIOUSLY USED THE VEHICLE(S) IN MY BUSINESS, I HAVE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION EITHER A COPY OF MY BUSINESS LICENSE, OR A COPY OF IRS FORM 1040, SCHEDULE C OR SCHEDULE C-EZ, DETAILING NET PROFIT OR LOSS DERIVED FROM THE LEGITIMATE COMMERCIAL USE OF THE VEHICLE(S). IF I HAVE NOT PREVIOUSLY USED SUCH VEHICLE(S) IN MY BUSINESS, OR IF I HAVE A NEW COMMERCIAL ENTERPRISE, I HAVE READ AND SIGNED THE SOUTH CAROLINA COMMERCIAL AUTO SUPPLEMENT, ACORD 62 SC.

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.

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

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						
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	42 <input type="checkbox"/> 47 <input type="checkbox"/>	BI EACH ACCIDENT \$		COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/>				\$
	43 <input type="checkbox"/> 50 <input type="checkbox"/>	PROPERTY DAMAGE \$			43 <input type="checkbox"/>				
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	DEDUCTIBLE \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$			
ADDITIONAL P.I.P.	46 <input type="checkbox"/>	WORK LOSS \$		43 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>				
		MED EXP \$		46 <input type="checkbox"/>					
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	43 <input type="checkbox"/>			43 <input type="checkbox"/>			46 <input type="checkbox"/>		
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$		TOWING & LABOR			46 <input type="checkbox"/>	\$	
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	TRAILER INTERCHANGE						
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$ DED	COVERAGES		SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS
UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	48 <input type="checkbox"/>					
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$		49 <input type="checkbox"/>					
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$ DED		48 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
	NO	\$		49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	48 <input type="checkbox"/>					
	NO	\$		49 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF		TRAILER VALUE \$				
	NO	EMPLOYEES			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	
		VOLUNTEERS							
PARTNERS									
OTHER					COVERAGE IS: PRIMARY SECONDARY				
					OTHER				

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

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MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61	67	CSL	BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62	68	BI EACH ACCIDENT \$			COMP / OTC	62			67	
	63	71	PROPERTY DAMAGE \$				63			68	
	64						64				
PERSONAL INJURY PROTECTION	65		DEDUCTIBLE		SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
	67	\$	\$			63	68	F	FTW		
ADDL PERSONAL INJURY PROTECTION	65		WORK LOSS \$		COLLISION	62	67				
	67		MED EXP \$			63	68				
MEDICAL PAYMENTS	62	64	EACH PERSON \$			TOWING & LABOR	63		\$		
	63	67			67						
UNINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE						
	63	67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64		PROPERTY DAMAGE \$		COMP / OTC	69					
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$		70					
	63	67	BI EACH ACCIDENT \$		SPECIFIED CAUSES OF LOSS	69					
	64		PROPERTY DAMAGE \$			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		\$		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF								
	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 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

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