



# CALIFORNIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
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## BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1	4	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	
	2	7	BI EACH ACCIDENT \$			
	3	8	PROPERTY DAMAGE \$			
<b>PHYSICAL DAMAGE</b>						
			TOWING & LABOR	3 7	\$	
			COMP / OTC	2 3	4 7	8
				2 3	4 7	8
MEDICAL PAYMENTS	2 3	4 7	EACH PERSON \$			
UNINSURED MOTORIST	2	6	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	
	3	7	BI EACH ACCIDENT \$			
	4	7	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	
	NO		\$			
NON-OWNED LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	
	NO		<input type="checkbox"/> EMPLOYEES	<input type="checkbox"/>		
			<input type="checkbox"/> VOLUNTEERS	<input type="checkbox"/>		
			<input type="checkbox"/> PARTNERS	<input type="checkbox"/>		
		COVERAGE IS:		<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY	
<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

**TRUCKERS SECTION**

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	<input type="checkbox"/>	EA PER	\$	COMP / OTC	<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		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"/>	43	<input type="checkbox"/>	50	PROPERTY DAMAGE		\$	<input type="checkbox"/>	43	<input type="checkbox"/>	47			<input type="checkbox"/>	43	<input type="checkbox"/>						47	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW		
MEDICAL PAYMENTS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	EACH PERSON	\$	COLLISION	<input type="checkbox"/>	42	<input type="checkbox"/>	46	TOWING & LABOR																
	<input type="checkbox"/>	43	<input type="checkbox"/>					<input type="checkbox"/>	43	<input type="checkbox"/>	47											<input type="checkbox"/>	46	\$				
UNINSURED MOTORIST	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	TRAILER INTERCHANGE																
	<input type="checkbox"/>	43	<input type="checkbox"/>		BI EACH ACCIDENT		\$	COVERAGES		SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE													
	<input type="checkbox"/>	45	<input type="checkbox"/>		PROPERTY DAMAGE		\$	COMP / OTC	<input type="checkbox"/>	48																		
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												\$						
TRUCKERS 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		OTHER	COVERAGE IS:		PRIMARY	SECONDARY																
	<input type="checkbox"/>	NO		<input type="checkbox"/>	EMPLOYEES	<input type="checkbox"/>																						
	<input type="checkbox"/>			<input type="checkbox"/>	VOLUNTEERS	<input type="checkbox"/>																						
OTHER	<input type="checkbox"/>			<input type="checkbox"/>	PARTNERS	<input type="checkbox"/>																						

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO  
 (42) OWNED AUTOS ONLY  
 (43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT  
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS  
 (47) HIRED AUTOS ONLY  
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (50) NON-OWNED AUTOS ONLY

**ENDORSEMENTS / REMARKS**

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	61 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62 <input type="checkbox"/>	68 <input type="checkbox"/>	BI EACH ACCIDENT \$		COMP / OTC	62 <input type="checkbox"/>			67 <input type="checkbox"/>	
	63 <input type="checkbox"/>	71 <input type="checkbox"/>	PROPERTY DAMAGE \$			63 <input type="checkbox"/>			68 <input type="checkbox"/>	
	64 <input type="checkbox"/>					64 <input type="checkbox"/>				
				SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/>	67 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP F <input type="checkbox"/> FTW	\$		
					63 <input type="checkbox"/>	68 <input type="checkbox"/>				
					64 <input type="checkbox"/>					
				COLLISION	62 <input type="checkbox"/>	67 <input type="checkbox"/>		\$		
					63 <input type="checkbox"/>	68 <input type="checkbox"/>				
					<input type="checkbox"/> WAIVER OF DEDUCTIBLE	64 <input type="checkbox"/>				
MEDICAL PAYMENTS	62 <input type="checkbox"/>	64 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>		\$			
	63 <input type="checkbox"/>	67 <input type="checkbox"/>			67 <input type="checkbox"/>					
UNINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64 <input type="checkbox"/>		PROPERTY DAMAGE \$	COMP / OTC	69 <input type="checkbox"/>					
						70 <input type="checkbox"/>				
				SPECIFIED CAUSES OF LOSS	69 <input type="checkbox"/>					
						70 <input type="checkbox"/>				
NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69 <input type="checkbox"/>					\$
	NO <input type="checkbox"/>		\$			70 <input type="checkbox"/>				
TRUCKERS HIRED/BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO <input type="checkbox"/>		\$							
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE		COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY					
	NO <input type="checkbox"/>		NUMBER OF							
			<input type="checkbox"/> EMPLOYEES							
			<input type="checkbox"/> VOLUNTEERS							
			<input type="checkbox"/> PARTNERS							
OTHER				OTHER						

**ENDORSEMENTS / REMARKS**

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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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