



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 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$	WAIVER OF DEDUCTIBLE	3 7	
	4	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			
		EMPLOYEES VOLUNTEERS PARTNERS			
				COVERAGES 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

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"/>						46	<input type="checkbox"/>	47	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW		\$																																				
MEDICAL PAYMENTS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	EACH PERSON	\$	TOWING & LABOR	<input type="checkbox"/>	46	\$	TRAILER INTERCHANGE <table border="1"> <thead> <tr> <th>COVERAGES</th> <th>SYMBOL</th> <th># TRAILERS</th> <th>FARTH ZONE</th> <th># DAYS</th> <th>RADIUS</th> <th>DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">SPECIFIED CAUSES OF LOSS</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">COLLISION</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48							49						SPECIFIED CAUSES OF LOSS	48						49						COLLISION	48						49				
	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE																	# DAYS	RADIUS	DEDUCTIBLE																																											
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UNINSURED MOTORIST	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COLLISION	<input type="checkbox"/>	48	<input type="checkbox"/>	46						\$																																												
	<input type="checkbox"/>	43	<input type="checkbox"/>	47	BI EACH ACCIDENT		\$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	48	<input type="checkbox"/>												49																																											
	<input type="checkbox"/>	45	<input type="checkbox"/>	50	PROPERTY DAMAGE		\$																										COLLISION	<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	STATES	# DAYS	# VEH																																																									
	<input type="checkbox"/>	NO		\$																																																														
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS																																																												
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES	GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE																																																											
	<input type="checkbox"/>	NO		<input type="checkbox"/>	EMPLOYEES	<input type="text"/>																																																												
	<input type="checkbox"/>			<input type="checkbox"/>	VOLUNTEERS	<input type="text"/>																																																												
OTHER	<input type="checkbox"/>			<input type="checkbox"/>	PARTNERS	<input type="text"/>	COVERAGE IS:		<input type="checkbox"/>	PRIMARY	<input type="checkbox"/>	SECONDARY																																																						
	<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	67	<input type="checkbox"/> CSL <input type="checkbox"/> 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																				
			SPECIFIED CAUSES OF LOSS	62		67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$																		
				63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW																				
				64																						
			COLLISION	62	67	\$																				
				63	68																					
				<input type="checkbox"/> WAIVER OF DEDUCTIBLE	64																					
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63	\$																				
	63	67			67																					
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE																						
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE																
	64		PROPERTY DAMAGE \$	COMP / OTC	69																					
					70																					
				SPECIFIED CAUSES OF LOSS	69																					
					70																					
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$																
	<input type="checkbox"/> NO		\$		<input type="checkbox"/> WAIVER OF DEDUCTIBLE	70																				
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																						
	<input type="checkbox"/> NO		<input type="checkbox"/> EMPLOYEES																							
			<input type="checkbox"/> VOLUNTEERS																							
			<input type="checkbox"/> PARTNERS																							
OTHER				OTHER																						
<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">COVERED AUTO SYMBOLS</td> <td style="width:25%; border:none;">(64) OWNED COMMERCIAL AUTOS ONLY</td> <td style="width:25%; border:none;">(67) SPECIFICALLY DESCRIBED AUTOS</td> <td style="width:25%; border:none;">(70) YOUR TRAILERS IN THE POSSESSION OF</td> </tr> <tr> <td style="border:none;">(61) ANY AUTO</td> <td style="border:none;">(65) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td style="border:none;">(68) HIRED AUTOS ONLY</td> <td style="border:none;">ANOTHER TRUCKER UNDER A TRAILER</td> </tr> <tr> <td style="border:none;">(62) OWNED AUTOS ONLY</td> <td style="border:none;">(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td style="border:none;">(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> <td style="border:none;">INTERCHANGE AGREEMENT</td> </tr> <tr> <td style="border:none;">(63) OWNED PRIVATE PASS AUTOS ONLY</td> <td style="border:none;"></td> <td style="border:none;"></td> <td style="border:none;">(71) NON-OWNED AUTOS ONLY</td> </tr> </table>											COVERED AUTO SYMBOLS	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF	(61) ANY AUTO	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	ANOTHER TRUCKER UNDER A TRAILER	(62) OWNED AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	INTERCHANGE AGREEMENT	(63) OWNED PRIVATE PASS AUTOS ONLY			(71) NON-OWNED AUTOS ONLY
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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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