



AGENCY CUSTOMER ID: _____

ARIZONA 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	CSL			BI EA PER \$
	2				BI EACH ACCIDENT \$
	3				PROPERTY DAMAGE \$
			PHYSICAL DAMAGE		
			TOWING & LABOR	3	\$
			COMP / OTC	2, 3, 4, 7, 8	
MEDICAL PAYMENTS	2, 3, 4, 7, 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2, 3, 4, 7, 8	
UNINSURED MOTORIST	2, 3, 4, 6, 7	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2, 3, 4, 7, 8	
UNDERINSURED MOTORIST	2, 3, 4, 6, 7	CSL BI EA PER \$ BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS			COMP \$ SPEC C OF L \$ COLL \$
COVERED AUTO SYMBOLS (1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY			COVERAGE IS: PRIMARY SECONDARY		

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

SIGNATURE

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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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

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

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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

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

COVERED AUTO SYMBOLS
 (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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