



AGENCY CUSTOMER ID: _____

**COLORADO 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 \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			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 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$		3 7	
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 EMPLOYEES VOLUNTEERS PARTNERS		NUMBER OF	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	COVERAGE IS:	PRIMARY	SECONDARY

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

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SIGNATURE

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I HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT ITS LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.

FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW	\$				
				46 <input type="checkbox"/>						
				42 <input type="checkbox"/>			47 <input type="checkbox"/>			
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	43 <input type="checkbox"/>		\$				
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 \$							
	45 <input type="checkbox"/>		PROPERTY DAMAGE \$							
				TRAILER INTERCHANGE						
				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COMP / OTC	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>		\$		49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>		\$		49 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	COLLISION	48 <input type="checkbox"/>					\$
	NO <input type="checkbox"/>		NUMBER OF		49 <input type="checkbox"/>					
			<input type="checkbox"/> EMPLOYEES		TRAILER VALUE	\$				
OTHER			<input type="checkbox"/> VOLUNTEERS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
			<input type="checkbox"/> PARTNERS							
					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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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.

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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 \$		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	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																
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$												
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	TRAILER VALUE	\$																	
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH														
			<input type="checkbox"/> EMPLOYEES																			
			<input type="checkbox"/> VOLUNTEERS																			
			<input type="checkbox"/> PARTNERS																			
OTHER				OTHER	COVERAGE IS:		<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY														
<p>COVERED AUTO SYMBOLS</p> <table style="width:100%; font-size: small;"> <tr> <td>(61) ANY AUTO</td> <td>(64) OWNED COMMERCIAL AUTOS ONLY</td> <td>(67) SPECIFICALLY DESCRIBED AUTOS</td> <td>(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td>(62) OWNED AUTOS ONLY</td> <td>(65) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(68) HIRED AUTOS ONLY</td> <td>(71) NON-OWNED AUTOS ONLY</td> </tr> <tr> <td>(63) OWNED PRIVATE PASS AUTOS ONLY</td> <td>(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> <td></td> </tr> </table>											(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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