



AGENCY CUSTOMER ID: _____

CONNECTICUT 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 \$
BASIC REPAIRATIONS BENEFITS	5				\$ LIMIT
	7				\$ PER WEEK
ADDED REPAIRATIONS BENEFITS	5				\$ LIMIT
	7				\$ PER WEEK
MEDICAL PAYMENTS	2				EACH PERSON \$
	3				
UNINSURED / UNDERINSURED MOTORIST	2	CSL			BI EA PER \$
	3				BI EACH ACCIDENT \$
	4				UIM STANDARD COV UIM CONVERSION
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE		IF ANY BASIS	
NON-OWNED LIABILITY	YES STATES	GROUP TYPE		NUMBER OF	
	NO	EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
			HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
					COMP \$
					SPEC C OF L \$
					COLL \$
				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 \$						
BASIC REPAIRS BENEFITS	44 <input type="checkbox"/>	\$ LIMIT	COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
ADDED REPAIRS BENEFITS	46 <input type="checkbox"/>	\$ PER WEEK		43 <input type="checkbox"/>					
				46 <input type="checkbox"/>					
MEDICAL PAYMENTS	42 <input type="checkbox"/>	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
UNINSURED / UNDERINSURED MOTORIST	43 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>					
	45 <input type="checkbox"/>	UIM STANDARD COV <input type="checkbox"/> UIM CONVERSION <input type="checkbox"/>		46 <input type="checkbox"/>		\$			
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED			COMP / OTC	48 <input type="checkbox"/>					
				49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY			SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
				49 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY			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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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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					
BASIC REPAIRATIONS BENEFITS	65		\$ LIMIT	SPECIFIED CAUSES OF LOSS		62	67			<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	
	67		\$ PER WEEK		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
ADDED REPAIRATIONS BENEFITS	65		\$ LIMIT	COLLISION	62	67			\$		
	67		\$ PER WEEK		63	68					
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63				\$		
	63	67			67						
UNINSURED / UNDERINSURED 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		<input type="checkbox"/> UIM STANDARD COV <input type="checkbox"/> UIM CONVERSION	COMP / OTC	69						
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69						
	NO		\$		70						\$
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	TRAILER VALUE \$							
	NO		\$	STATES	# DAYS	# VEH					
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE							
	NO		EMPLOYEES		NUMBER OF						
			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
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER
 (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 INTERCHANGE AGREEMENT
 (71) NON-OWNED AUTOS ONLY

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

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