



AGENCY CUSTOMER ID: _____

**DELAWARE 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	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5	EA PER \$ EA ACC \$	PHYSICAL DAMAGE		
	7	DED \$ <input type="checkbox"/> NAMED INSURED <input type="checkbox"/> NAMED INS & RES RELATIVES			
ADDITIONAL P.I.P.	5	EA PER \$ EA ACC \$	TOWING & LABOR	3 7	\$
	7	<input type="checkbox"/> NAMED INSURED <input type="checkbox"/> NAMED INSURED & RESIDENT RELATIVES	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 7	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	2 4 8	
	3	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$			
UNDERINSURED MOTORIST	2 4 7	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$			
	3 6	BI EACH ACCIDENT \$			
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			
COVERED AUTO SYMBOLS		COVERED AUTO SYMBOLS		COVERED AUTO SYMBOLS	
(1) ANY AUTO		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY		(7) SPECIFICALLY DESCRIBED AUTOS	
(2) OWNED AUTOS ONLY		(5) OWNED AUTOS SUBJECT TO NO-FAULT		(8) HIRED AUTOS ONLY	
(3) OWNED PRIVATE PASSENGER AUTOS ONLY		(6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW		(9) NON-OWNED AUTOS ONLY	

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

--

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT BASED SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. IF WE DO USE A CREDIT BASED SCORE, YOU WILL HAVE THE RIGHT ON AN ANNUAL BASIS TO REQUEST THAT WE OBTAIN A CURRENT CREDIT REPORT FOR YOU AND DETERMINE WHETHER USE OF THE NEW CREDIT REPORT WOULD RESULT IN A DECREASE OF YOUR INSURANCE PREMIUMS. IF THE NEW CREDIT REPORT THAT WE RECEIVE WOULD RESULT IN A DECREASE IN YOUR INSURANCE PREMIUMS, WE WILL MAKE THAT REDUCTION. IF THE NEW CREDIT INFORMATION WOULD NOT REDUCE YOUR INSURANCE PREMIUMS, THE CREDIT REPORT WILL NOT BE USED TO IMPACT YOUR PREMIUMS IN ANY WAY. YOU HAVE THE RIGHT TO REVIEW ALL OF YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 DE.
IN ADDITION, IF I HAVE SELECTED UM BODILY INJURY COVERAGE LESS THAN THE LIMIT(S) OF MY BODILY INJURY COVERAGE, OR IF I HAVE REJECTED THIS COVERAGE ENTIRELY, I HAVE READ AND SIGNED ACORD 61 DE.

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
-----------------------	------	----------------------	--------------------------

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
LIABILITY	61	BI EA PER \$	COMP / OTC	62						
	62	BI EACH ACCIDENT \$		63						
	63	PROPERTY DAMAGE \$		64						
	64									
PERSONAL INJURY PROTECTION	65	EA PER \$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP		
	67	DED \$		63	68	F	FTW			
ADDITIONAL P.I.P.	65	EA PER \$	COLLISION	62	67					
	67	NAMED INSURED		63	68					
MEDICAL PAYMENTS	62	EACH PERSON \$	TOWING & LABOR	63						
	63			67						
UNINSURED MOTORIST	62	BI EA PER \$	TRAILER INTERCHANGE							
	63	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64	PROPERTY DAMAGE \$	COMP / OTC	69						
	66	PROPERTY DAMAGE DED \$		70						
UNDERINSURED MOTORIST	62	BI EA PER \$	SPECIFIED CAUSES OF LOSS	69						
	63	BI EACH ACCIDENT \$		70						
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE	COLLISION	69						
NO		IF ANY BASIS		70						
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE	TRAILER VALUE \$							
NO		IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE		NUMBER OF						
	NO	EMPLOYEES								
		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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT BASED SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. IF WE DO USE A CREDIT BASED SCORE, YOU WILL HAVE THE RIGHT ON AN ANNUAL BASIS TO REQUEST THAT WE OBTAIN A CURRENT CREDIT REPORT FOR YOU AND DETERMINE WHETHER USE OF THE NEW CREDIT REPORT WOULD RESULT IN A DECREASE OF YOUR INSURANCE PREMIUMS. IF THE NEW CREDIT REPORT THAT WE RECEIVE WOULD RESULT IN A DECREASE IN YOUR INSURANCE PREMIUMS, WE WILL MAKE THAT REDUCTION. IF THE NEW CREDIT INFORMATION WOULD NOT REDUCE YOUR INSURANCE PREMIUMS, THE CREDIT REPORT WILL NOT BE USED TO IMPACT YOUR PREMIUMS IN ANY WAY. YOU HAVE THE RIGHT TO REVIEW ALL OF YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 DE. IN ADDITION, IF I HAVE SELECTED UM BODILY INJURY COVERAGE LESS THAN THE LIMIT(S) OF MY BODILY INJURY COVERAGE, OR IF I HAVE REJECTED THIS COVERAGE ENTIRELY, I HAVE READ AND SIGNED ACORD 61 DE.

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
-----------------------	------	----------------------	--------------------------