



AGENCY CUSTOMER ID: _____

**INDIANA 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 9	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4 8	PD \$ DED		3 7	
UNDERINSURED MOTORIST	2 6 9	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4 8				
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NO					COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			
	NO	EMPLOYEES VOLUNTEERS PARTNERS			
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 AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS I HAVE SELECTED ARE LESS THAN \$50,000 EACH ACCIDENT, I HAVE BEEN OFFERED UIMBI OF \$50,000.

- I SELECT UMBI, UIMBI AND UMPD LIMITS SHOWN ON THIS APPLICATION. _____ (INITIALS)
- I REJECT UMBI COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)
- I REJECT UIMBI COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)
- I REJECT UMPD COVERAGE IN ITS ENTIRETY.* _____ (INITIALS)

* I UNDERSTAND THAT I AM REJECTING COVERAGE THAT WOULD OTHERWISE BE PROVIDED BY THE POLICY.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE 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"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$	TOWING & LABOR			\$				
	45 <input type="checkbox"/>	50 <input type="checkbox"/>	PD \$								
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"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	45 <input type="checkbox"/>	50 <input type="checkbox"/>		COMP / OTC	48						
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES _____	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	49							
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES _____	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	48						
NON-OWNED LIABILITY	NO <input type="checkbox"/>	STATES _____	GROUP TYPE _____ NUMBER OF _____	49						\$	
			EMPLOYEES _____	COLLISION	48						
			VOLUNTEERS _____	TRAILER VALUE \$	49						
OTHER			PARTNERS _____	HIRED PHYSICAL DAMAGE	STATES _____	# DAYS _____	# VEH _____				
				COVERAGE IS:		PRIMARY	SECONDARY				
				OTHER							

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					
			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							
				62	67						
			COLLISION	63	68		\$				
				64							
				63							
				67							
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	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	68	PD \$	COMP / OTC	69						
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		70						
	63	67	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69						
	64	68		70							
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES _____	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69 <input type="checkbox"/> 70 <input type="checkbox"/>					\$	
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES _____	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE	\$						
NON-OWNED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES _____	GROUP TYPE	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
			EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER				COVERAGE IS:	PRIMARY	SECONDARY	

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

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