



AGENCY CUSTOMER ID: \_\_\_\_\_

# LOUISIANA COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)
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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	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$				
	2		BI EACH ACCIDENT \$			
	3		PROPERTY DAMAGE \$			
			<b>PHYSICAL DAMAGE</b>			
			TOWING & LABOR	3	\$	
			COMP / OTC	2	4	
				3	7	8
MEDICAL PAYMENTS	2	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2	4	
	3			3	7	8
UNINSURED MOTORIST	2	ECONOMIC & NON ECONOMIC LOSSES <input type="checkbox"/> ECONOMIC LOSSES ONLY	COLLISION	2	4	
	3	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		3	7	8
	4	BI EACH ACCIDENT \$				
		PROPERTY DAMAGE \$				
HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	
NON-OWNED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS		# VEH	COVERAGE / DEDUCTIBLE <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$	
				COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		

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

### SIGNATURE

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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

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**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE									
LIABILITY	61	67	CSL	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	SCL	FT	LSP	
							63	68	F	FTW		
							64					
						COLLISION	62	67				
							63	68				
							64					
MEDICAL PAYMENTS	62	64	EACH PERSON \$			TOWING & LABOR	63				\$	
	63	67					67					
UNINSURED MOTORIST	62	66	ECONOMIC & NON ECONOMIC LOSSES	ECONOMIC LOSSES ONLY		TRAILER INTERCHANGE						
	63	67	CSL	BI EA PER	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64		BI EACH ACCIDENT \$			COMP / OTC	69					
			PROPERTY DAMAGE \$				70					
						SPECIFIED CAUSES OF LOSS	69					
							70					
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS		COLLISION	69					
	NO		\$				70				\$	
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS		TRAILER VALUE	\$					
	NO		\$			STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE						
	NO		EMPLOYEES									
			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 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

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

**SIGNATURE**

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**STATE OF LOUISIANA**

This form may not be altered or modified.

**UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM**

**Uninsured / Underinsured Motorists Bodily Injury Coverage**, referred to as "UMBI" in this form, is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

**Economic losses** are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

**Non-economic losses** are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

**By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise.** If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic- Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

**UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE**

You may select one of the following UMBI Coverage options (initial only one option):

1. \_\_\_\_\_ **I select UMBI Coverage** which provides compensation for economic and non-economic losses  
Initials **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:  
 \$ \_\_\_\_\_ each person **OR** \$ \_\_\_\_\_ each accident / occurrence  
 \$ \_\_\_\_\_ each accident / occurrence
  
2. \_\_\_\_\_ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses  
Initials **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
  
3. \_\_\_\_\_ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses  
Initials **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:  
 \$ \_\_\_\_\_ each person **OR** \$ \_\_\_\_\_ each accident / occurrence  
 \$ \_\_\_\_\_ each accident / occurrence
  
4. \_\_\_\_\_ **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI coverage** for  
Initials losses arising from an accident caused by an uninsured / underinsured motorist.

**SIGNATURE**

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

\_\_\_\_\_  
 Signature of Named Insured or Legal Representative

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Optional Information for Policy Identification Purposes Only

\_\_\_\_\_  
 Individual Company Name; Group Name and/or Logo

