



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

**MARYLAND 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	\$ 2,500 PER PERSON	PHYSICAL DAMAGE				
	7	<input type="checkbox"/> WAIVER OF P.I.P.					
ADDITIONAL PERSONAL INJURY PROTECTION	5 7	\$	TOWING & LABOR	3 7	\$		
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	COMP / OTC	2 4 8			
UNINSURED MOTORIST	3 7		SPECIFIED CAUSES OF LOSS	3 7			
	2 6	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	2 4 8			
	3 7	BI EACH ACCIDENT \$		3 7			
	4	PROPERTY DAMAGE \$					
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
	NO						<input type="checkbox"/> COMP \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE				<input type="checkbox"/> SPEC C OF L \$	
		EMPLOYEES	NUMBER OF			<input type="checkbox"/> COLL \$	
		VOLUNTEERS					
	NO	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	COVERAGE IS:	PRIMARY	SECONDARY	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY	

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

**SIGNATURE**

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

IF I HAVE ELECTED TO WAIVE PERSONAL INJURY PROTECTION, I HAVE ALSO SIGNED THE MARYLAND AUTO SUPPLEMENT, ACORD 62 MD.

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 \$	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"/>																			
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	\$ 2,500 PER PERSON	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	SCL <input type="checkbox"/>	FT <input type="checkbox"/>	LSP <input type="checkbox"/>																	
ADDITIONAL PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	\$		43 <input type="checkbox"/>	F <input type="checkbox"/>	FTW <input type="checkbox"/>																			
	46 <input type="checkbox"/>	WAIVER OF P.I.P.		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"/> CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR			\$																		
	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				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				HIRED PHYSICAL DAMAGE	TRAILER VALUE \$																				
					STATES	# DAYS	# VEH																		
				COVERAGE IS:		PRIMARY		SECONDARY																	
				OTHER																					
<p><b>COVERED AUTO SYMBOLS</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;">(41) ANY AUTO</td> <td style="width:33%;">(44) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td style="width:33%;">(46) SPECIFICALLY DESCRIBED AUTOS</td> </tr> <tr> <td>(42) OWNED AUTOS ONLY</td> <td>(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(47) HIRED AUTOS ONLY</td> </tr> <tr> <td>(43) OWNED COMMERCIAL AUTOS ONLY</td> <td></td> <td>(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td></td> <td></td> <td>(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td></td> <td></td> <td>(50) NON-OWNED AUTOS ONLY</td> </tr> </table>											(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(42) OWNED AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY	(43) OWNED COMMERCIAL 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	<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																
PERSONAL INJURY PROTECTION	65	\$ 2,500 PER PERSON		SPECIFIED CAUSES OF LOSS		62	67		<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP													
	67	<input type="checkbox"/> WAIVER OF P.I.P.			63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW															
ADDITIONAL PERSONAL INJURY PROTECTION	65	\$		COLLISION	62	67		\$														
	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	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	\$		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH															
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF																			
	NO	<input type="checkbox"/> EMPLOYEES	<input type="checkbox"/>																			
		<input type="checkbox"/> VOLUNTEERS	<input type="checkbox"/>																			
		<input type="checkbox"/> PARTNERS	<input type="checkbox"/>																			
OTHER				COVERAGE IS:			PRIMARY		SECONDARY													
				OTHER																		
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