



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

**MISSISSIPPI 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 \$				
			<b>PHYSICAL DAMAGE</b>			
			TOWING & LABOR	3 7	\$	
			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	SCL FT LSP F FTW	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$				
	3 7	BI EACH ACCIDENT \$				
	4	PROPERTY DAMAGE \$	COLLISION	2 4 8 3 7		
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS		STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE	
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE	HIRED PHYSICAL DAMAGE	COVERAGE IS:	COMP \$	
		EMPLOYEES			NUMBER OF	SPEC C OF L \$
		VOLUNTEERS				COLL \$
		PARTNERS			PRIMARY SECONDARY	
<b>COVERED AUTO SYMBOLS</b>	(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			

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

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I ALSO UNDERSTAND THAT STATE LAW ALLOWS ME TO PURCHASE UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, TO REJECT UM PD ONLY, OR TO REJECT UM BI AND UM PD COVERAGES ENTIRELY. ADDITIONALLY, I HAVE READ AND SIGNED THE MISSISSIPPI AUTO SUPPLEMENT, ACORD 62 MS.

ALSO, IF I HAVE FOUR (4) OR MORE COVERED MOTOR VEHICLES AND I HAVE SELECTED "NON-STACKABLE" UM COVERAGE, I HAVE COMPLETED THE STATE SUPPLEMENT, ACORD 61 MS.

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								
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
LIABILITY	41	47	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER \$	COMP / OTC	42	47			\$
	42	50			BI EACH ACCIDENT \$		43				
	43				PROPERTY DAMAGE \$		46				
	46										
			SPECIFIED CAUSES OF LOSS	42	47		<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	\$	
				43			<input type="checkbox"/> F	<input type="checkbox"/> FTW			
				46							
MEDICAL PAYMENTS	42	46			EACH PERSON \$	COLLISION	42	47			\$
	43						43				
							46				
UNINSURED MOTORIST	42	46	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER \$	TOWING & LABOR	46		\$		
	43				BI EACH ACCIDENT \$						
	45				PROPERTY DAMAGE \$						
<b>TRAILER INTERCHANGE</b>											
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE					
COMP / OTC	48										
	49										
SPECIFIED CAUSES OF LOSS	48										
	49										
COLLISION	48					\$					
	49										
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS						
	NO		\$								
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS						
	NO		\$								
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		TRAILER VALUE	\$				
	NO		<input type="checkbox"/> EMPLOYEES	<input type="checkbox"/>	<input type="checkbox"/>	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH		
			<input type="checkbox"/> VOLUNTEERS	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> PARTNERS	<input type="checkbox"/>	<input type="checkbox"/>									
OTHER											
						COVERAGE IS:	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> 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	<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					
				COLLISION	62	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				STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE						
	NO		NUMBER OF							
			EMPLOYEES							
			VOLUNTEERS							
			PARTNERS							
OTHER				OTHER	COVERAGE IS:		PRIMARY	SECONDARY		

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