



AGENCY CUSTOMER ID: _____

NORTH DAKOTA 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	CSL			BI EA PER \$		
	2				BI EACH ACCIDENT \$		
	3				PROPERTY DAMAGE \$		
PERSONAL INJURY PROTECTION	5		PHYSICAL DAMAGE				
	7		TOWING & LABOR	3	\$		
ADDITIONAL P.I.P.	5	WK LOSS / SURVIV INC LOSS \$	COMP / OTC	2	4		
	7	REPL SVCS / SRV REP LOSS \$		3	7		
		FUNERAL EXP \$		2	4		
		TOTAL ADDL PIP LIMIT \$		3	7		
MEDICAL PAYMENTS	2	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2	4		
	3			3	7		
UNINSURED / UNDERINSURED MOTORIST	2	CSL	COLLISION	2	4		
	3			3	7		
	4						
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
NO							COMP \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE					SPEC C OF L \$
	NO		EMPLOYEES				COLL \$
			VOLUNTEERS				
		PARTNERS					
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

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED ADDITIONAL PERSONAL INJURY COVERAGE, AND I REJECT THIS COVERAGE. _____ (INITIALS)			
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

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 \$		COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>					
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$			43 <input type="checkbox"/>						
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>		\$		46							
ADDITIONAL P.I.P.	44 <input type="checkbox"/>		WK LOSS / SURVIV INC LOSS \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP				\$	
	46 <input type="checkbox"/>		REPL SVCS / SRV REP LOSS \$			43 <input type="checkbox"/>		<input type="checkbox"/> F <input type="checkbox"/> FTW				
			FUNERAL EXP \$			46						
			TOTAL ADDL PIP LIMIT \$	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>				\$		
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$		43 <input type="checkbox"/>							
UNINSURED / UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	46					\$		
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$	TRAILER INTERCHANGE								
	45 <input type="checkbox"/>			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COMP / OTC	48							
	NO <input type="checkbox"/>		\$		49							
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48							
	NO <input type="checkbox"/>		\$		49							
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	COLLISION	48					\$		
	NO <input type="checkbox"/>		NUMBER OF		49							
			EMPLOYEES		TRAILER VALUE	\$						
OTHER			VOLUNTEERS	HIRED PHYSICAL DAMAGE								
			PARTNERS	STATES	# DAYS	# VEH						
				COVERAGE IS:			PRIMARY	SECONDARY				
				OTHER								

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

SIGNATURE

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED ADDITIONAL PERSONAL INJURY COVERAGE, AND I REJECT THIS COVERAGE. _____ (INITIALS)

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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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE								
LIABILITY	61	67	COMP / OTC	62	BI EACH ACCIDENT	\$								
	62	68		63			PROPERTY DAMAGE							
	63	71		64										
	64													
PERSONAL INJURY PROTECTION	65	\$	SPECIFIED CAUSES OF LOSS	62	SCL	FT		LSP						
	67			63			F		FTW					
ADDITIONAL P.I.P.	65	WK LOSS / SURVIV INC LOSS	\$	COLLISION	62	67		\$						
	67	REPL SVCS / SRV REP LOSS	\$		63	68								
		FUNERAL EXP	\$		64									
		TOTAL ADDL PIP LIMIT	\$		64									
MEDICAL PAYMENTS	62	EACH PERSON	\$	TOWING & LABOR	63	\$								
	63				67			67						
UNINSURED / UNDERINSURED MOTORIST	62	BI EACH ACCIDENT	\$	TRAILER INTERCHANGE										
	63			66	CSL	EA PER	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64			67										
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	\$	STATES	# DAYS	# VEH			
	NO													
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE	COVERAGE IS:	PRIMARY	SECONDARY					
	NO		EMPLOYEES											
			VOLUNTEERS											
		PARTNERS												
OTHER						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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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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