



AGENCY CUSTOMER ID: _____

**NEVADA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

| | | | | | |
|---------------|--|------------------|---------|-----------------------|-----------|
| AGENCY | | NAMED INSURED(S) | | FEDERAL EMPLOYER ID # | |
| 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 3 4 6 7 | CSL BI EA PER \$ | COLLISION | 2 3 4 7 8 | |
| | | BI EACH ACCIDENT \$ | | | |
| HIRED / BORROWED LIABILITY | YES STATES NO | COST OF HIRE \$ IF ANY BASIS | HIRED PHYSICAL DAMAGE | STATES # DAYS # VEH | COVERAGE / DEDUCTIBLE |
| NON-OWNED LIABILITY | YES STATES NO | GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS | | | NUMBER OF |
| 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 |

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

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SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE, OR THE SELECTION / REJECTION OF MEDICAL PAYMENTS, OR THE SELECTION / REJECTION OF LOWER LIMITS OF UM IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS, AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

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|-----------------------|------|----------------------|--------------------------|
| 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 \$ | | 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 <input type="checkbox"/> F <input type="checkbox"/> FTW | \$ | | |
| | | | | 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"/> | 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 | 46 <input type="checkbox"/> | | \$ | | | |
| | 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 <input type="checkbox"/> | | | | | |
| | NO <input type="checkbox"/> | | \$ | | 49 <input type="checkbox"/> | | | | | |
| TRUCKERS HIRED / BORROWED LIABILITY | YES <input type="checkbox"/> | STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS | SPECIFIED CAUSES OF LOSS | 48 <input type="checkbox"/> | | | | | |
| | NO <input type="checkbox"/> | | \$ | | 49 <input type="checkbox"/> | | | | | |
| NON-OWNED AUTO LIABILITY | YES <input type="checkbox"/> | STATES | GROUP TYPE | COLLISION | 48 <input type="checkbox"/> | | | | | \$ |
| | NO <input type="checkbox"/> | | NUMBER OF | | 49 <input type="checkbox"/> | | | | | |
| | | | EMPLOYEES | TRAILER VALUE | \$ | | | | | |
| OTHER | | | VOLUNTEERS | HIRED PHYSICAL DAMAGE | STATES | # DAYS | # VEH | | | |
| | | | PARTNERS | | 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

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

SIGNATURE

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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 | | | | | | |
| MEDICAL PAYMENTS | 62 | 64 | | EACH PERSON \$ | TOWING & LABOR | 63 | | | \$ | |
| | 63 | 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 | | | COMP / OTC | 69 | | | | | |
| | | | | | 70 | | | | | |
| NON-TRUCKERS HIRED / BORROWED | YES | STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$ | SPECIFIED CAUSES OF LOSS | 69 | | | | | |
| | NO | | | | 70 | | | | | |
| TRUCKERS HIRED / BORROWED LIABILITY | YES | STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$ | COLLISION | 69 | | | | \$ | |
| | NO | | | | 70 | | | | | |
| NON-OWNED AUTO LIABILITY | YES | STATES | GROUP TYPE | TRAILER VALUE \$ | | | | | | |
| | NO | | EMPLOYEES | | | | | | | NUMBER OF |
| | | | VOLUNTEERS | | | | | | | |
| | | | PARTNERS | | | | | | | |
| OTHER | | | | STATES | # DAYS | # VEH | | | | |
| | | | | 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)

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