

**NEW YORK COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

PRODUCER		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 \$			
PERSONAL INJURY PROTECTION	5 7	\$ DED \$			
OBEL	5 7	\$	PHYSICAL DAMAGE		
ADDITIONAL P.I.P.	5	WORK LOSS \$	TOWING & LABOR	3	\$
	7	OTHER EXP \$ DEATH BENEFIT \$		7	
WORK LOSS COORD	5 7	YES NO	COMP / OTC	2 4 8	
MEDICAL EXP ELIM	5 7	NAMED INS ONLY NAMED INSURED AND RELATIVES		3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
STATUTORY UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
	NO	\$			COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF		COVERAGE IS:	PRIMARY SECONDARY
	NO	EMPLOYEES VOLUNTEERS 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		(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 APPLICANT COVERED BY A WAGE CONTINUATION PLAN?				Y / N
NAME OF PLAN	PERSON COVERED	NAME OF PLAN	PERSON COVERED	
<p>I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.</p> <p>IF YOU HAVE PURCHASED RENTAL VEHICLE REIMBURSEMENT COVERAGE AND YOUR VEHICLE IS DAMAGED AND IS TEMPORARILY OUT OF SERVICE DUE TO A LOSS COVERED UNDER YOUR POLICY, NEW YORK LAW STATES THAT YOU HAVE THE RIGHT TO UTILIZE ANY RENTAL VEHICLE COMPANY, RENTAL VEHICLE LOCATION OR A PARTICULAR CONCERN OF YOUR CHOICE.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.</p>				
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER	

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	41	46	CSL	BI EA PER \$	COMP / OTC	42	47				
	42	47		BI EACH ACCIDENT \$		43					
	43	50		PROPERTY DAMAGE \$		46					
PERSONAL INJURY PROTECTION	44	46		\$ DED \$	SPECIFIED CAUSES OF LOSS	42	47	SCL	FT	LSP	\$
OBEL	44	46		\$		43		F	FTW		
ADDITIONAL P.I.P.	44			\$ WORK LOSS \$		46					
WORK LOSS COORD	44	46	YES	NO	COLLISION	42	47				
MEDICAL EXP ELIM	44	46	NAMED INS ONLY	NAMED INSURED AND RELATIVES		43					
MEDICAL PAYMENTS	42	46		EACH PERSON \$		46					
STATUTORY UNINSURED MOTORIST	42	46	CSL	BI EA PER \$	TOWING & LABOR					\$	
	43			BI EACH ACCIDENT \$							
	45										
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	42	46	CSL	BI EA PER \$	TRAILER INTERCHANGE						
	43			BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45				COMP / OTC	48					
NON-TRUCKERS HIRED / BORROWED	YES STATES		COST OF HIRE	IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES		COST OF HIRE	IF ANY BASIS	COLLISION	48					\$
	NO		\$		TRAILER VALUE	49					
NON-OWNED AUTO LIABILITY	YES STATES		GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		EMPLOYEES								
			VOLUNTEERS								
OTHER			PARTNERS								
					COVERAGE IS:		PRIMARY	SECONDARY			
					OTHER						
COVERED AUTO SYMBOLS (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (43) OWNED COMMERCIAL AUTOS ONLY (46) COMPULSORY UNINSURED (48) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT MOTORIST LAW (50) NON-OWNED AUTOS ONLY											

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

SIGNATURE

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN?				Y / N
NAME OF PLAN	PERSON COVERED	NAME OF PLAN	PERSON COVERED	
I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.				
IF YOU HAVE PURCHASED RENTAL VEHICLE REIMBURSEMENT COVERAGE AND YOUR VEHICLE IS DAMAGED AND IS TEMPORARILY OUT OF SERVICE DUE TO A LOSS COVERED UNDER YOUR POLICY, NEW YORK LAW STATES THAT YOU HAVE THE RIGHT TO UTILIZE ANY RENTAL VEHICLE COMPANY, RENTAL VEHICLE LOCATION OR A PARTICULAR CONCERN OF YOUR CHOICE.				
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.				
APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE	
			NATIONAL PRODUCER NUMBER	

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE											
LIABILITY	61	67	CSL	BI EA PER	\$	COMP / OTC	62	67					\$	
	62	68	BI EACH ACCIDENT				\$	63						68
	63	71	PROPERTY DAMAGE				\$	64						
	64													
PERSONAL INJURY PROTECTION	65	67	\$ DED			\$	62	67	SCL	FT	LSP	\$		
OBEL	65	67	\$				63	68	F	FTW				
ADDITIONAL P.I.P.	65		\$ WORK LOSS			\$	64					\$		
WORK LOSS COORD	65	67	YES	NO	DEATH BENEFIT	\$	62	67						
MEDICAL EXP ELIM	65	67	NAMED INS ONLY				63	68				\$		
MEDICAL PAYMENTS	62	64	EACH PERSON			\$	64							
STATUTORY UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE								
	63	67	BI EACH ACCIDENT			\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	62	66	CSL	BI EA PER	\$	COMP / OTC	69							
	63	67	BI EACH ACCIDENT			\$	70							
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE				IF ANY BASIS							
	NO		\$										\$	
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE				IF ANY BASIS							
	NO		\$											
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		NUMBER OF		HIRED PHYSICAL DAMAGE							
	NO		EMPLOYEES											
			VOLUNTEERS											
			PARTNERS											
OTHER														
COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY														

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