



AGENCY CUSTOMER ID: _____

**WASHINGTON 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 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	2 7	MEDICAL EXPENSE \$ SERVICE LOSS \$ INCOME CONTIN \$ FUNERAL EXPENSE \$	PHYSICAL DAMAGE		
ADD'L PERSONAL INJURY PROTECTION	2 7	\$	TOWING & LABOR	3 7	\$
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COMP / OTC	2 4 8 3 7	
			SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
			COLLISION	2 4 8 3 7	
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ \$ DED	AUTO LOAN	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 NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE		COMP \$ SPEC C OF L \$ COLL \$
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

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

UNDERINSURED MOTORISTS COVERAGE STATEMENT: I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.

- I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. _____ (INITIALS)
- I HAVE REJECTED UIM BI COVERAGE _____ (INITIALS)
- I HAVE REJECTED UIM PD COVERAGE _____ (INITIALS)

IN ORDER TO PROVIDE FOR AN INFORMED DECISION OF THE POTENTIAL CONSEQUENCES OF REJECTING UNDERINSURED MOTORIST COVERAGE; THE UNDERSIGNED ACKNOWLEDGES THAT BY REJECTING UNDERINSURED MOTORIST COVERAGE THERE IS EXPOSURE TO THE RISK OF NOT BEING SUFFICIENTLY INSURED FOR INJURY AND/OR DAMAGES WHEN INVOLVED IN AN ACCIDENT WITH A DRIVER OF AN UNDERINSURED VEHICLE.

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								
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"/>	46 <input type="checkbox"/>	MEDICAL EXPENSE \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP			\$	
ADD'L PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	46 <input type="checkbox"/>	INCOME CONTIN \$		43 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW				
MEDICAL PAYMENTS	42 <input type="checkbox"/>	43 <input type="checkbox"/>	EACH PERSON \$	COLLISION	42 <input type="checkbox"/>	43 <input type="checkbox"/>	46 <input type="checkbox"/>			\$	
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	AUTO LOAN	42 <input type="checkbox"/>	47 <input type="checkbox"/>				\$	
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$		43 <input type="checkbox"/>	46 <input type="checkbox"/>					
	45 <input type="checkbox"/>		PROPERTY DAMAGE \$					TRAILER INTERCHANGE			
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	COMP / OTC	48 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>		EMPLOYEES		COLLISION	49 <input type="checkbox"/>					\$
			VOLUNTEERS		TRAILER VALUE	\$					
OTHER			PARTNERS		STATES	# DAYS	# VEH				
					HIRED PHYSICAL DAMAGE						
					COVERAGE IS:		PRIMARY		SECONDARY		
					OTHER						

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

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- I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE _____ (INITIALS)
- I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. _____ (INITIALS)
- I HAVE REJECTED UIM BI COVERAGE _____ (INITIALS)
- I HAVE REJECTED UIM PD COVERAGE _____ (INITIALS)

IN ORDER TO PROVIDE FOR AN INFORMED DECISION OF THE POTENTIAL CONSEQUENCES OF REJECTING UNDERINSURED MOTORIST COVERAGE; THE UNDERSIGNED ACKNOWLEDGES THAT BY REJECTING UNDERINSURED MOTORIST COVERAGE THERE IS EXPOSURE TO THE RISK OF NOT BEING SUFFICIENTLY INSURED FOR INJURY AND/OR DAMAGES WHEN INVOLVED IN AN ACCIDENT WITH A DRIVER OF AN UNDERINSURED VEHICLE.

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE							
						COVERAGES	COVERED AUTO SYMBOLS	LIMITS			DEDUCTIBLE		
LIABILITY	61		67	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER \$	COMP / OTC	62		67				
	62		68	BI EACH ACCIDENT \$			63		68				
	63		71	PROPERTY DAMAGE \$			64						
	64												
PERSONAL INJURY PROTECTION	65			MEDICAL EXPENSE \$	SERVICE LOSS \$	SPECIFIED CAUSES OF LOSS	62		67	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	
	67			INCOME CONTIN \$	FUNERAL EXPENSE \$		63		68	<input type="checkbox"/> F	<input type="checkbox"/> FTW		
							64						
ADD'L PERSONAL INJURY PROTECTION	65					COLLISION	62		67				
	67						63		68				
MEDICAL PAYMENTS	62		64			TOWING & LABOR	63						
	63		67	EACH PERSON \$			67						
						AUTO LOAN	62		67				
							63		68				
							64						
UNDERINSURED 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						
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	NUMBER OF	TRAILER VALUE	\$						
	NO			EMPLOYEES		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
					VOLUNTEERS								
				PARTNERS									
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							

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**MANDATORY OFFER OF
PERSONAL INJURY PROTECTION COVERAGE**

Washington insurance law requires that we offer you Personal Injury Protection Coverage with certain minimum limits, unless you reject this coverage. We are also required to offer you the right to purchase higher limits.

Please indicate your choices by initialing next to the appropriate item(s) below.

Minimum Coverages:

_____ Health and Hospital Benefits: \$10,000 per each insured, covering expenses incurred within 3 years of the auto accident.

_____ Funeral Benefits: \$2,000 per each insured for funeral expenses.

_____ Income Continuation: Up to \$10,000 per each insured to cover income losses incurred within one year after the date of the insured's injury, subject to the lesser of \$200 per week or 85% of the insured's weekly income. The combined weekly payment receivable by an insured under any workers compensation or other disability insurance benefit, and other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_____ Loss of Services Benefit: Up to \$ _____ per each insured, subject to a limit of \$ _____ per day, not to exceed \$ _____ per week.

All payments under Personal Injury Protection Coverage are limited to the amount of actual loss or expense incurred.

Optional Coverages:

_____ Health and Hospital Benefits: \$35,000 per each insured instead of \$10,000.

_____ Income Continuation: Up to \$35,000 per each insured instead of \$10,000, subject to the lesser of \$700 per week (instead of \$200 per week) or 85% of the insured's weekly income. The combined weekly payment receivable by the insured under any workers compensation or other disability insurance benefit, and any other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_____ Loss of Services Benefit: Up to \$ _____ per each insured, subject to a limit of \$ _____ per day, not to exceed \$ _____ per week.

Rejection of Coverage:

_____ I reject Personal Injury Protection Coverage in its entirety.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____