



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

# WISCONSIN COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

<b>AGENCY</b>	<b>NAMED INSURED(S)</b>		
<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>CARRIER</b>	<b>NAIC CODE</b>

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			
LIABILITY	1	4			CSL	BI EA PER \$		
	2	7			BI EACH ACCIDENT \$			
	3	8			PROPERTY DAMAGE \$			
<b>PHYSICAL DAMAGE</b>								
			TOWING & LABOR	3	\$			
			COMP / OTC	2	4	8		
				3	7			
MEDICAL PAYMENTS	2	7	SPECIFIED CAUSES OF LOSS	2	4	8		
	3	8		3	7			
	4	9		EACH PERSON \$				
UNINSURED MOTORIST	2	6			CSL	BI EA PER \$		
	3	7			BI EACH ACCIDENT \$			
	4	8						
UNDERINSURED MOTORIST	2	4			CSL	BI EA PER \$		
	3	7			BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES	STATES	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE	
	NO						COST OF HIRE	IF ANY BASIS
NON-OWNED LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF			SPEC C OF L \$	
	NO						EMPLOYEES	COLL \$
							VOLUNTEERS	
							PARTNERS	
			COVERAGE IS:		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 MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME. I REJECT THIS COVERAGE ENTIRELY. _____ (INITIALS)			
I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.			
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

**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 \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																					
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$																								
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$																								
			COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$																					
			SPECIFIED CAUSES OF LOSS	43 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP F <input type="checkbox"/> FTW	\$																					
				46 <input type="checkbox"/>																							
				42 <input type="checkbox"/>			47 <input type="checkbox"/>	\$																			
MEDICAL PAYMENTS	43 <input type="checkbox"/>	47 <input type="checkbox"/>	50 <input type="checkbox"/>	EACH PERSON \$	COLLISION	43 <input type="checkbox"/>	\$																				
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	BI EACH ACCIDENT \$	TOWING & LABOR	46 <input type="checkbox"/>			\$																		
	43 <input type="checkbox"/>	47 <input type="checkbox"/>			<b>TRAILER INTERCHANGE</b>																						
	45 <input type="checkbox"/>	50 <input type="checkbox"/>			<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>FARTH ZONE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>																
UNDERINSURED MOTORIST	42 <input type="checkbox"/>		<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	BI EACH ACCIDENT \$	COMP / OTC	48 <input type="checkbox"/>																					
	43 <input type="checkbox"/>					49 <input type="checkbox"/>																					
	46 <input type="checkbox"/>																										
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS \$	COLLISION	48 <input type="checkbox"/>					\$																
NON-OWNED AUTO LIABILITY	NO <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	TRAILER VALUE	\$																					
			EMPLOYEES		STATES	# DAYS	# VEH																				
			VOLUNTEERS																								
OTHER			PARTNERS		COVERAGE IS:		PRIMARY		SECONDARY																		
<p><b>COVERED AUTO SYMBOLS</b></p> <table style="width:100%; font-size: small;"> <tr> <td>(41) ANY AUTO</td> <td>(44) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(46) SPECIFICALLY DESCRIBED AUTOS</td> <td>(49) YOUR TRAILERS IN THE POSSESSION OF</td> </tr> <tr> <td>(42) OWNED AUTOS ONLY</td> <td>(45) OWNED AUTOS SUBJECT TO A</td> <td>(47) HIRED AUTOS ONLY</td> <td>ANOTHER TRUCKER UNDER A TRAILER</td> </tr> <tr> <td>(43) OWNED COMMERCIAL AUTOS ONLY</td> <td>COMPULSORY UNINSURED</td> <td>(48) TRAILERS IN YOUR POSSESSION UNDER</td> <td>INTERCHANGE AGREEMENT</td> </tr> <tr> <td></td> <td>MOTORIST LAW</td> <td>A TRAILER INTERCHANGE AGREEMENT</td> <td>(50) NON-OWNED AUTOS ONLY</td> </tr> </table>												(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	COMPULSORY UNINSURED	(48) TRAILERS IN YOUR POSSESSION UNDER	INTERCHANGE AGREEMENT		MOTORIST LAW	A TRAILER INTERCHANGE AGREEMENT	(50) NON-OWNED AUTOS ONLY
(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(49) YOUR TRAILERS IN THE POSSESSION OF																								
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	MOTORIST LAW	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**

<p>I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME.                  I REJECT THIS COVERAGE ENTIRELY. _____ (INITIALS)</p>			
<p>I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.</p>			
<p>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.</p>			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

**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									
			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	67	EACH PERSON \$	TOWING & LABOR	63		\$			
	63	68			67					
	64	71		<b>TRAILER INTERCHANGE</b>						
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	63	67	BI EACH ACCIDENT \$	COMP / OTC	69					
	64	68			70					
UNDERINSURED MOTORIST	62	64	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	69					
	63	67	BI EACH ACCIDENT \$		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				COVERAGE IS:		PRIMARY	SECONDARY			
				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

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

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I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.

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