



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

# CONNECTICUT 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 \$
BASIC REPARATIONS BENEFITS	5				\$ LIMIT
	7				\$ PER WEEK
ADDED REPARATIONS BENEFITS	5				\$ LIMIT
	7				\$ PER WEEK
MEDICAL PAYMENTS	2				EACH PERSON \$
	3				
UNINSURED / UNDERINSURED MOTORIST	2	CSL			BI EA PER \$
	3				BI EACH ACCIDENT \$
	4				UIM STANDARD COV UIM CONVERSION
HIRED / BORROWED LIABILITY	YES / NO	STATES	COST OF HIRE \$		IF ANY BASIS
NON-OWNED LIABILITY	YES / NO	STATES	GROUP TYPE		NUMBER OF
			EMPLOYEES		
			VOLUNTEERS		
			PARTNERS		
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
				COVERAGE IS: PRIMARY SECONDARY	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

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

**SIGNATURE**

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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**TRUCKERS SECTION**

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 \$						
BASIC REPAIRS BENEFITS	44 <input type="checkbox"/>	\$ LIMIT	COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
	46 <input type="checkbox"/>	\$ PER WEEK		43 <input type="checkbox"/>					
ADDED REPAIRS BENEFITS	44 <input type="checkbox"/>	\$ LIMIT		46 <input type="checkbox"/>					
	46 <input type="checkbox"/>	\$ PER WEEK	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
MEDICAL PAYMENTS	42 <input type="checkbox"/>	EACH PERSON \$		43 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP				
	43 <input type="checkbox"/>			46 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW				
UNINSURED / UNDERINSURED MOTORIST	42 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>					
	45 <input type="checkbox"/>	<input type="checkbox"/> UIM STANDARD COV <input type="checkbox"/> UIM CONVERSION		46 <input type="checkbox"/>					
			<b>TRAILER INTERCHANGE</b>						
			<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>FARTH ZONE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>
NON-TRUCKERS HIRED / BORROWED			COMP / OTC	48					
				49					
			SPECIFIED CAUSES OF LOSS	48					
TRUCKERS HIRED / BORROWED LIABILITY				49					
			COLLISION	48					\$
NON-OWNED AUTO LIABILITY				49					
			TRAILER VALUE	\$					
			STATES	# DAYS	# VEH				
OTHER			HIRED PHYSICAL DAMAGE						
			COVERAGE IS:			PRIMARY		SECONDARY	
			OTHER						
<p><b>COVERED AUTO SYMBOLS</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>(41) ANY AUTO</p> <p>(42) OWNED AUTOS ONLY</p> <p>(43) OWNED COMMERCIAL AUTOS ONLY</p> </div> <div style="width: 30%;"> <p>(44) OWNED AUTOS SUBJECT TO NO-FAULT</p> <p>(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</p> </div> <div style="width: 30%;"> <p>(46) SPECIFICALLY DESCRIBED AUTOS</p> <p>(47) HIRED AUTOS ONLY</p> <p>(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</p> </div> <div style="width: 30%;"> <p>(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</p> <p>(50) NON-OWNED AUTOS ONLY</p> </div> </div>									

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

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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					
BASIC REPAIRATIONS BENEFITS	65	\$	LIMIT	SPECIFIED CAUSES OF LOSS		62	67		<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$	
	67	\$	PER WEEK		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
ADDED REPAIRATIONS BENEFITS	65	\$	LIMIT	COLLISION	62	67		\$			
	67	\$	PER WEEK		63	68					
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$				
	63	67			67						
UNINSURED / 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		<input type="checkbox"/> UIM STANDARD COV <input type="checkbox"/> UIM CONVERSION	COMP / OTC	69						
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		EMPLOYEES		NUMBER OF						
			VOLUNTEERS								
			PARTNERS								
OTHER				OTHER	COVERAGE IS:		PRIMARY	SECONDARY			

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF  
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER  
 (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 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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