



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

**PENNSYLVANIA 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	CSL BI EA PER \$					
	2 7	BI EACH ACCIDENT \$					
	3 8	PROPERTY DAMAGE \$					
FIRST PARTY BENEFITS	5	MED EXP \$ FUNERAL \$					
	7	WK LOSS \$ ACC DTH \$					
COMBINATION FIRST PARTY BEN	5	TOTAL BENEFIT LIMIT \$	TOWING & LABOR	3			
	7	FUNERAL \$ ACC DEATH \$		7	\$		
EXTRAORD MED BEN	5 7	\$					
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	COMP / OTC	2 4 8			
	3 7			3 7			
UNINSURED MOT	2 6	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	2 4 8			
	3 7	BI EACH ACCIDENT \$		3 7			
NON-STKD	4		COLLISION	2 4 8			
				3 7			
UNDERINS MOT	2 6	CSL BI EA PER \$					
	3 7	BI EACH ACCIDENT \$					
NON-STKD	4						
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
	NO	\$					COMP \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE	NUMBER OF				SPEC C OF L \$
	NO	EMPLOYEES					COLL \$
		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	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)**

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**SIGNATURE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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**

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	42 <input type="checkbox"/> 47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>					
	43 <input type="checkbox"/> 50 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>					
FIRST PARTY BENEFITS	44 <input type="checkbox"/>	MED EXP \$ FUNERAL \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$			
	46 <input type="checkbox"/>	WK LOSS \$ ACC DTH \$		43 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>				
COMBINATION FIRST PARTY BEN	44 <input type="checkbox"/>	TOTAL BENEFIT LIMIT \$		46 <input type="checkbox"/>					
	46 <input type="checkbox"/>	FUNERAL \$ ACC DEATH \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
EXTRAORD MED BEN	44 <input type="checkbox"/> 46 <input type="checkbox"/>	\$		43 <input type="checkbox"/>					
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$		46 <input type="checkbox"/>					
UNINSURED MOT	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	46 <input type="checkbox"/>		\$			
STACKED	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	<b>TRAILER INTERCHANGE</b>						
NON-STKD	45 <input type="checkbox"/>		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
UNDERINS MOT	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	48 <input type="checkbox"/>					
STACKED	43 <input type="checkbox"/>	BI EACH ACCIDENT \$		49 <input type="checkbox"/>					
NON-STKD	45 <input type="checkbox"/>		SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	48 <input type="checkbox"/>					\$
	NO			49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE	\$					
	NO		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY		GROUP TYPE							
		EMPLOYEES							
		VOLUNTEERS							
		PARTNERS							
OTHER									
			OTHER				COVERAGE IS:	PRIMARY	SECONDARY

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (47) HIRED AUTOS ONLY (50) NON-OWNED AUTOS ONLY  
 (43) OWNED COMMERCIAL AUTOS ONLY

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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	CSL	BI EA PER	\$													
	62	68		BI EACH ACCIDENT	\$													
	63	71		PROPERTY DAMAGE	\$													
	64																	
FIRST PARTY BENEFITS	65			MED EXP	\$	FUNERAL \$												
	67			WK LOSS	\$	ACC DTH \$												
COMBINATION FIRST PARTY BEN	65			TOTAL BENEFIT LIMIT \$														
	67			FUNERAL \$		ACC DEATH \$												
EXTRAORD MED BEN	65	67			\$													
MEDICAL PAYMENTS	62	64		EACH PERSON	\$													
	63	67																
UNINSURED MOT	62	66	CSL	BI EA PER	\$													
	63	67		BI EACH ACCIDENT	\$													
	64																	
UNDERINS MOT	62	66	CSL	BI EA PER	\$													
	63	67		BI EACH ACCIDENT	\$													
	64																	
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												
	NO			EMPLOYEES														
				VOLUNTEERS														
				PARTNERS														
OTHER																		
			<b>TRAILER INTERCHANGE</b>															
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE												
COMP / OTC	69																	
	70																	
SPECIFIED CAUSES OF LOSS	69																	
	70																	
COLLISION	69					\$												
	70																	
TRAILER VALUE	\$																	
HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH															
OTHER			COVERAGE IS:		PRIMARY	SECONDARY												
<p><b>COVERED AUTO SYMBOLS</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:25%;">(61) ANY AUTO</td> <td style="width:25%;">(64) OWNED COMMERCIAL AUTOS ONLY</td> <td style="width:25%;">(67) SPECIFICALLY DESCRIBED AUTOS</td> <td style="width:25%;">(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td>(62) OWNED AUTOS ONLY</td> <td>(65) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(68) HIRED AUTOS ONLY</td> <td>(71) NON-OWNED AUTOS ONLY</td> </tr> <tr> <td>(63) OWNED PRIVATE PASS AUTOS ONLY</td> <td>(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> <td></td> </tr> </table>							(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	
(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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