



CALIFORNIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
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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 \$					
			PHYSICAL DAMAGE				
			TOWING & LABOR	3 7	\$		
			COMP / OTC	2 4 8 3 7			
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7			
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8			
	3 7	BI EACH ACCIDENT \$	WAIVER OF DEDUCTIBLE	3 7			
	4	PROPERTY DAMAGE \$					
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE		COVERAGE IS:	PRIMARY	SECONDARY	COMP \$
		EMPLOYEES					SPEC C OF L \$
		VOLUNTEERS	COLL \$				
		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			(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		

ENDORSEMENTS / REMARKS

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE													
LIABILITY	<input type="checkbox"/>	41	<input type="checkbox"/>	46	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	COVERAGES				COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE		
	<input type="checkbox"/>	42	<input type="checkbox"/>	47	BI EACH ACCIDENT			\$	COMP / OTC				42	<input type="checkbox"/>	46		\$	
	<input type="checkbox"/>	43	<input type="checkbox"/>	50	PROPERTY DAMAGE			\$					43	<input type="checkbox"/>	47			
								SPECIFIED CAUSES OF LOSS				42	<input type="checkbox"/>	46	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	\$
								COLLISION				43	<input type="checkbox"/>	47	<input type="checkbox"/> F	<input type="checkbox"/> FTW		\$
								COLLISION WAIVER OF DEDUCTIBLE				42	<input type="checkbox"/>	46				\$
								TOWING & LABOR				43	<input type="checkbox"/>	47				\$
MEDICAL PAYMENTS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	EACH PERSON			\$	TRAILER INTERCHANGE									
	<input type="checkbox"/>	43	<input type="checkbox"/>						COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE			
UNINSURED MOTORIST	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	COMP / OTC				48						
	<input type="checkbox"/>	43	<input type="checkbox"/>		BI EACH ACCIDENT			\$					49					
	<input type="checkbox"/>	45	<input type="checkbox"/>		PROPERTY DAMAGE			\$	SPECIFIED CAUSES OF LOSS				48					
												49						
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES		COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	COLLISION				48						\$
	<input type="checkbox"/>	NO			\$			COLLISION WAIVER OF DEDUCTIBLE				49						\$
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES		COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	STATES		# DAYS	# VEH							
	<input type="checkbox"/>	NO			\$													
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES		GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE		COVERAGE IS: PRIMARY SECONDARY								
	<input type="checkbox"/>	NO			<input type="checkbox"/> EMPLOYEES	<input type="checkbox"/>	<input type="checkbox"/>											
					<input type="checkbox"/> VOLUNTEERS	<input type="checkbox"/>	<input type="checkbox"/>											
					<input type="checkbox"/> PARTNERS	<input type="checkbox"/>	<input type="checkbox"/>											
OTHER								OTHER										

ENDORSEMENTS / REMARKS

MOTOR CARRIER SECTION

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					
			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		\$				
			<input type="checkbox"/> WAIVER OF DEDUCTIBLE	63	68						
				64							
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$				
	63	67			67						
UNINSURED 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						
					70						
				SPECIFIED CAUSES OF LOSS	69						
					70						
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69					\$	
	<input type="checkbox"/> NO			<input type="checkbox"/> WAIVER OF DEDUCTIBLE	70						
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	<input type="checkbox"/> NO										
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES		GROUP TYPE	NUMBER OF							
	<input type="checkbox"/> NO		<input type="checkbox"/> EMPLOYEES								
			<input type="checkbox"/> VOLUNTEERS								
			<input type="checkbox"/> PARTNERS								
OTHER				OTHER							

ENDORSEMENTS /REMARKS

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A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY DAMAGE COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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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