

AGENCY CUSTOMER ID:

TEXAS COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

| AG | ENC | - Y - |
|----|-----|-------|
| | | |

NAMED INSURED(S)

| POLICY NUMBER | | | | | | | EFFEC | TIVE DATE | DATE CARRIER | | | | | | | | | NAIC CODE | | | | | |
|---|------------|------|------|-------|--------|--------|-------------------------|--------------|-------------------|----------------------|--------------------------|------------------|-----------|-------|-------------------|--------|------------|---|---------------|-------------|--|--|--|
| BUSINESS AUT | O SE | СТІС | ON | | | | | | | | | | | | | | | | | | | | |
| COVERAGES | | | | TO SY | MBOL | s | | LIMITS | | | | COVERAGES COVERE | | | | AUTO | SYM | BOLS | LIMITS | | | | |
| | | | | | | | CSL | BI EA PER | | | | | | | | - | | | | | | | |
| LIABILITY | | 2 | | 7 | | | EACH ACCID | - | \$ | | | | | | | | | | | | | | |
| | 3 8 | | | | | | OPERTY DAI | | | | | | | | | | | | | | | | |
| | | 2 | | | | EA | CH PERSON | | | | | | | | | | | | | | | | |
| PERSONAL INJURY PROTECTION | | 7 | | | | AL | AUTO DEATH INDEMNITY \$ | | | | | | | | I | PHYSI | CAL | DAMAG | 3E | | | | |
| | | | | | | тс | TAL DISABIL | ITY | \$ | | TOWING | | | 3 | | | | | | | | | |
| | | | | | | | | | | | | & LABOR | | 7 | | | | | \$ | | | | |
| | | | | | | | | | | 2 4 | | | | | | | | | | | | | |
| | | | | | | | | | | | | COMP / OTC | | | 3 | 7 | | | | | | | |
| MEDICAL | | 2 | | 4 | | | CH PERSON | | \$ | | | SPECIFIED | | | 2 | 4 | | 8 | | | | | |
| PAYMENTS | | 3 | | 7 | | | | | | | | CAUSES OF | LOSS | | 3 | 7 | | | | | | | |
| UNINSURED / | | 1 | | 4 | | | CSL | BI EA PER | \$ | | | COLLISION | | | 2 | 4 | | 8 | | | | | |
| UNDERINSURED MOTORIST | | 2 | | 7 | | BI | EACH ACCID | ENT | \$ | | | OOLLIGION | | | 3 | 7 | | | | | | | |
| | 3 | | | | | | EA ACC \$ | | | \$ | DED | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | VEO | | 0.7 | ATE 0 | _ | | | | | | | OTATE | | # 0 4 3 | 10 | <i>#\1</i> | | | | | | |
| HIRED / BORROWED | YES STATES | | | | | | OST OF HIRE | L | IF . | ANY BASIS | | | STATE | 5 | # DA\ | 15 | # V | ЕП | COVERAGE / DE | | | | |
| | | YES | | 0.7 | ATES | | \$ | | | | | | | | | | | | COMP \$ | | | | |
| NON-OWNED LIABILITY | | NO | | 51/ | AIES | GF | | OF | HIRED PHYSICAL | | | | | | SPEC C OF L \$ | | | | | | | | |
| | | NO | | | | - | EMPLOYEES | | | | | DAMAGE | | | | | | COLL \$ | | | | | |
| | | | | | | - | VOLUNTEERS PARTNERS | | | | | | | | | | | | | | | | |
| COVERED (1) ANY AUTO | | | | | | | PARINER | | WNED A | AUTOS OTHE | PRIVATE PASSENGER (7) AU | | | | | | | PRIMARY SECONDARY SPECIFIED ON SCHEDULE | | | | | |
| AUTO (2) ALL OWNED AUTOS (4) OWNED AUTOS WHICH RI SYMBOLS (3) OWNED PRIVATE PASSENGER AUTOS (6) OWNED AUTOS SUBJECT TO | | | | | | | | | | | HICH RE | QUIRE NO-FAU | JLT COVER | RAGE | | (8 | 3) HIR | ED AU | | | | | |
| ENDORSEMENT | , | | | | | | | () | | | | | | ore | spac | | , | | | | | | |
| | | | | - 1 | | | | | | | | | | | | | | | / | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | SIGNATURE | | | | | | | | | | | | | | | | | | | | | | |
| NOTICE OF INSU CONNECTION W | | | | | | | | | | | | | | | | | | | | | | | |
| PRIVILEGED INFO | ORM | ATIO | N C | OLL | ECTE | D BY | US OR O | JR AGEI | NTS N | AY IN CEF | RTAIN C | IRCUMSTA | NCES B | E DIS | SCLO | SED | TO | THIRD | D PARTIES. YO | U HAVE THE | | | |
| RIGHT TO REVIE DESCRIPTION O | | | | | | | | | | | | | | | | | | | | | | | |
| BROKER FOR IN | | - | - | - | | | | | | | | | | | | | | 51. 0 | ONTACT TOOL | AGEINT OIL | | | |
| ANY PERSON WH | | NOM | NGL | _Y A | ND W | | NTENT TO | DEFRAU | D ANY | Y INSURAN | CE CON | | | R PE | RSON | N FILI | ES A | | PLICATION FOR | | | | |
| CONTAINING ANY | | | | | | | | | | | | | | | | | | | | CT MATERIAL | | | |
| THERETO, COMM | | | | | | | , | | | | | | | | | | | | | | | | |
| I UNDERSTAND | | | | | | | | | | | | | | | | | | | | | | | |
| LIMITS LOWER TH | | | | | | | | | | | | | | | | | ,, (C | | | | | | |
| 1. I SELECT UM / | UIM | BODI | LY I | NJU | RY LII | MIT(S |) INDICATE | D IN THI | S APP | LICATION. | | | | | | | | _ | (| INITIALS) | | | |
| 2. I REJECT UM / | UIM | BODI | LY I | NJU | RY CO | OVER | AGE IN ITS | ENTIRE | TY. | | | | | | | | | _ | (| INITIALS) | | | |
| 3. I SELECT UM / | UIM | PROF | PER | TY C | DAMA | GE LII | MIT(S) INDI | CATED I | N THIS | S APPLICA | TION. | | | | | | | _ | 、 | INITIALS) | | | |
| 4. I REJECT UM / | UIM | PROF | PER | TYE | DAMA | GE CO | OVERAGE I | N ITS EN | ITIRE1 | ΓΥ. | | | | | | | | | (| INITIALS) | | | |
| I UNDERSTAND A AND I HAVE BEEN | | | | | | | | | | | | | | | | | | | (| INITIALS) | | | |
| I UNDERSTAND T RENEWALS, CON | | | | | | | | | | | | | Y STATE | SUF | PLEN | MENT | WIL | L APF | PLY TO ALL FU | TURE POLICY | | | |
| APPLICANT'S SIGNATURE DATE | | | | | | | | | | PRODUCER'S SIGNATURE | | | | | | | | NATIONAL PRO | DUCER NUMBER | | | | |

TRUCKERS SECTION

AGENCY CUSTOMER ID:

| TRUCKERS SEC | | | | | | | | | | PHYSICAL DAMAGE | | | | | | | | | | | | |
|--|------|------|------|-----|--------|-------|--------------|----------|-------------------|-----------------|------------|--------------|---------|----------|----------------|-------------|--------|----------|----------|---------|-----------------|--|
| COVERAGES | | | | | | | | | LIMIT | | | | | | | | SICAL | DAMAG | | | | |
| | | 41 | | 46 | | | CSL | BI | APER \$ | | | COVERA | GES | | COVE UTO SY | RED MBOL | s | | LIMITS | | DEDUCTIBLE | |
| LIABILITY | | 42 | | 47 | | BIE | АСН А | | | | | | | | 42 | | 47 | | | | | |
| | | 1 | | 50 | | | | | | | | COMP / OTO | | | 43 | | | | | | | |
| | | 43 | | 50 | | | | Y DAMAG | | | | - | - | | | | | | | | \$ | |
| PERSONAL INJURY | | 42 | | | | | CH PER | | \$ | | | | | | 46 | _ | | | | | | |
| PROTECTION | | 46 | | | | AUT | O DEA | TH INDE | MNITY \$ | | | SPECIFIED | | | 42 | | 47 | SCL | FT | LSP | | |
| | | | | | | ТОТ | AL DIS | ABILITY | \$ | | | CAUSES OF | LOSS | | 43 | | | F | FTV | V | \$ | |
| | | | | | | | | | | | | | | | 46 | | | | | | | |
| | | | | | | | | | | | | | | | 42 | | 47 | | | | | |
| | | 42 | | 46 | | | | | | | | | | | 43 | | | | | | <u>_</u> | |
| MEDICAL PAYMENTS | | 1 | | 40 | | EAC | CH PER | SON | \$ | | | | | | | | | | \$ | | | |
| FAIMENTS | | 43 | | | | | | | 1 | | | | | | 46 | | | | | | | |
| UNINSURED / | | 41 | | 46 | | | CSL | E/ | APER \$ | | | TOWING | | | 46 | | | \$ | | | | |
| UNDERINSURED MOTORIST | | 42 | | ļ | | BIE | ACH A | CCIDENT | - \$ | | | & LABOR | | | | | | <i>•</i> | | | | |
| WOTORIST | | 43 | | | | PD | EA ACC | \$ | | \$ | DED | | | | | TRAIL | ER INT | ERCHAN | IGE | | | |
| | | | | | | | | | | | | COVERA | GES | SY | MBOL | # TR | AILERS | FARTH | # DAYS | RADIUS | DEDUCTIBLE | |
| | | | | | | | | | | | | | | | 48 | | | LOILE | | | | |
| | | YES | 2 | ST | ATES | | | | | | | COMP / OTO | 2 | | | | | | | | | |
| NON-TRUCKERS HIRED / BORROWED | | - | , | 01 | AILO | | ST OF H | IIRE | | IF ANY B | ASIS | | | <u> </u> | 49 | | | | | | | |
| | | NO | | | | \$ | | | | | SPECIFIED | | | 48 | | | | | | | | |
| TRUCKERS HIRED / BORROWED | | YES | 3 | ST. | ATES | COS | ST OF H | IRE | | IF ANY B | ASIS | CAUSES OF | LOSS | | 49 | | | | | | | |
| LIABILITY | | NO | | | | \$ | | | | | | | | | 48 | | | | | | | |
| | | YES | 6 | ST | ATES | GRO | OUP TY | 'PE | | NU | IMBER OF | COLLISION | | | 49 | | | | | | \$ | |
| NON-OWNED | | NO | | | | | 1 | .OYEES | | | | TRAILER VA | ALUE | \$ | | - | | | | | | |
| AUTO | | J | | | | | 1 | | | | | | STA | TES | # F | DAYS | #\ | VEH | | | | |
| LIABILITY | | | | | | | 1 | NTEERS | | | | - | | | | | | | | | | |
| 071150 | | | | | | | PART | NERS | | | | - | | | | | | | | | | |
| OTHER | | | | | | | | | HIRED PHYSICAL | | | | | | | | | | | | | |
| | | | | | | | | | | | DAMAGE | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | CO | VERAG | E IS: | | F | RIMARY | | SECONDARY | |
| | | | | | | | | | | | | OTHER | | | | | | · _ · | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| COVERED AUTO SYMBOLS (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSIC | | | | | | | | | | | | | | | | | | | | | | |
| (41) ANY AUTO | JOLS | | | | | | | | BJECT TO | | | D AUTOS ONL | | JAUI | US | | | | | | A TRAILER | |
| (42) OWNED AUTOS O | | | | | (| CON | IPULSC | ORY UNIN | | | (48) TRAI | LERS IN YOUF | R POSSE | | | | 11 | NTERCH | ANGE AG | REEMENT | | |
| (43) OWNED COMMER | | | | | | | ORIST | | | | | AILER INTERC | | | | | . , | | NED AUTO | S ONLY | | |
| ENDORSEMENT | rs/ | REN | IAR | KS | (ACOR | 2D 10 | <u>)1, A</u> | dition | al Rem | arks So | hedule, ma | y be attac | hed if | mo | re sp | ace | is reo | quired |) | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND | | | | | | | | | | | | | | | | | | | | | | |
| PRIVILEGED INF | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT TO REVI | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION O BROKER FOR IN | | | - | | | | | | - | | UCH INFORM | ATION IS | AVAIL | ABL | | JN R | EQUE | ST. C | JNTACT | YOUR | AGENT OR | |
| | | | | | | | | | | | | | | | | | | | | | | |
| ANY PERSON WH | | | | | | | | | | | | | | | | | | | | | | |
| CONTAINING AN THERETO, COMM | | | | | | | | | | | | | | | | | | | | | MATERIAL | |
| | | | | | | | | | | | | | | | | | | | | | | |
| I UNDERSTAND COVERAGES HAV | | | | | | | | | | | | | | | | | | | | | | |
| LIMITS LOWER TH | | | | | | | | | | | | | | | | | JUAL | | LIADILI | | 3, 0101 / 01101 | |
| 1. I SELECT UM / | | | | | | | | | | | | | | | | | | | | (IN | ITIALS) | |
| 2. I REJECT UM / | | | | | | • • • | | | | | | | | | | | | - | | ` | ITIALS) | |
| | | | | | | | | | | | | | | | | | | - | | ` | ITIALS) | |
| 3. I SELECT UM / | | | | | | | • • • | | | | LICATION. | | | | | | | - | | ` | , | |
| 4. I REJECT UM / | UIM | PRC | PEF | ۲TY | DAMAG | E CO | VERA | GE IN I | IS ENTI | RETY. | | | | | | | | - | | (IN | ITIALS) | |
| I UNDERSTAND A | | | | | | | | | | | | | | | | | | | | | | |
| AND I HAVE BEEN | I OF | FERI | ED T | HIS | COVER | AGE. | IFIH | AVE RE | JECTED | THIS CO | OVERAGE, M | Y INITIALS / | ARE IN | | DED H | IERE | | | | (IN | ITIALS) | |
| I UNDERSTAND T | HAT | THE | CO | VER | AGE SE | LEC | | AND LIN | ит сно | | ICATED HER | | Y STA | TE S | | EME | | LL APF | LY TO A | | JRE POLICY | |
| RENEWALS, CON | | | | | | | | | | | | | - | | _ | | | | | | | |
| APPLICANT'S SIGNAT | URE | | | | | | | DA | TE | | PRODUCER'S | SIGNATURE | | | | | | | NATION | AL PROD | UCER NUMBER | |

OR CARRIER SECTION

AGENCY CUSTOMER ID:

| MOTOR CARRIE | | | | | | | | | | | 1 | | | | | | | | | |
|--|------------|---------|-------|-------------|---------------------|------------------------|--------------|--------|----------|------------|------------------------------|--------------|------|--------|--------|--------|--------|----------------------|---------|--------------|
| COVERAGES | cov | EREC | D AU | TO SYMBOLS | | | | IMITS | | | | | | COVE | | SICAL | DAMAG | | | |
| | | 61 | | 67 | | CSL | BI EA PER | \$ | | | COVERAG | GES | A | UTOSY | MBOL | .s | | LIMITS | | DEDUCTIBLE |
| LIABILITY | | 62 | | 68 | BI E | ACH ACCIE | DENT | \$ | | | | | | 62 | | 67 | | | | |
| | | 63 | | 71 | PRC | PERTY DA | MAGE | \$ | | | COMP / OTC | ; | | 63 | | 68 | | | | \$ |
| | | 64 | | | | | | | | | | | | 64 | | | | | | |
| | | 62 | | | EAC | H PERSON | 1 | \$ | | | | | | 62 | | 67 | SCL | FT | LSF | , |
| PERSONAL INJURY PROTECTION | | 67 | | | AUT | O DEATH I | NDEMNITY | (\$ | | | SPECIFIED | | | 63 | | 68 | F | FT | N | \$ |
| FROTECTION | | • | | | TOTAL DISABILITY \$ | | | | | | CAUSES OF | LOSS | | 64 | | | | | | |
| | | | | | | | | | | | | | | 62 | | 67 | | | | |
| | | | | | | | | | | COLLISION | | 63 | | 68 | | | | \$ | | |
| | | | | | | | | | | | COLLISION | | | | 00 | | | Þ | | |
| | | | | | | | | | | | | | | 64 | | _ | | | | |
| MEDICAL | | 62 | | 64 | EAC | H PERSON | I | \$ | | | TOWING & LABOR | | | 63 | | | \$ | | | |
| PAYMENTS | | 63 | | 67 | | | BI | | | | & LABUK | | | 67 | | | | | | |
| UNINSURED / | | 61 | | 64 | \vdash | CSL | BI EA PER | \$ | | | | | | - | | | ERCHA | | 1 | |
| UNDERINSURED MOTORIST | | 62 | | 67 | BIE | ACH ACCIE | DENT | \$ | | | COVERAG | GES | SY | MBOL | # TR | AILERS | | # DAYS | RADIUS | DEDUCTIBLE |
| | | 63 | | | PD E | EA ACC \$ | | 9 | \$ | DED | COMP / OTC | ; | | 69 | | | | | | |
| | | | | | | | | | | | | | | 70 | | | | | | |
| | | | | | | | | | | | SPECIFIED | | | 69 | | | | | | |
| | | | | | | | | | | | CAUSES OF | LOSS | | 70 | | | | | | |
| NON-TRUCKERS | | YES | | STATES | cos | ST OF HIRE | | IF | ANY BASI | IS | | | | 69 | | | | | | |
| HIRED / BORROWED | NO | | | | \$ | | L | | | | COLLISION | | | 70 | | | | | | \$ |
| TRUCKERS | YES STATES | | | | | ST OF HIRE | | 15 | ANY BASI | 19 | TRAILER VA | LUE | \$ | 10 | | | | | | · |
| HIRED / BORROWED | | NO | | | | | L | " ' | | 15 | | STA | | # D | AYS | #\ | VEH | | | |
| | | YES | | STATES | \$ | | | | | | - | | | | | | | | | |
| | | | | SIAILS | GRC | OUP TYPE | | | NUME | BER OF | | | | | | | | | | |
| NON-OWNED AUTO | \square | NO | | | | EMPLOYE | ES | | | | HIRED PHYSICAL | | | | | | | | | |
| LIABILITY | | | | | | VOLUNTE | ERS | | | | DAMAGE | | | | | | | | | |
| | | | | | | PARTNER | S | | | | - | | | | | | | | | |
| OTHER | | | | | | | | | | | | | CO | VERAG | E IS: | | F | PRIMARY | | SECONDARY |
| | | | | | | | | | | | OTHER | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| COVERED AUTO SYMBOLS (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS | | | | | | | | | | | | | | (70) Y | OUR TR | | | SSESSION OF | | |
| (61) ANY AUTO | | | | (65) | OWN | IED AUTOS | SUBJECT | TO NO- | -FAULT | (68) HIREI | D AUTOS ONL | Y | | | | A | NOTHE | R TRUCKE | R UNDEF | A TRAILER |
| (62) OWNED AUTOS O (63) OWNED PRIVATE | | AUTO | os o | | | IED AUTOS Y UNINSUF | | | | | LERS IN YOUR AILER INTERC | | | | | | | IANGE AG NED AUT(| | |
| ENDORSEMENT | S/F | RFM | AR | KS (ACOR | D 10 | 1. Addi | tional R | emark | ks Sch | edule, ma | v be attac | hed if | mo | re sn | ace | is red | nuired |) | | |
| | •/ . | <u></u> | | | 2.10 | | | oman | | ouulo, ma | y so allao | <u>nou n</u> | | 10 00 | | | quirea | / | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND | | | | | | | | | | | | | | | | | | | | |
| PRIVILEGED INF | | | | | | | | | | | | | | | | | | | | |
| RIGHT TO REVI | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION O BROKER FOR IN | | - | - | | - | | | | | CH INFORM | ATION IS A | AVAILA | ABLE | | N R | EQUE | SI. C | ONTACI | YOUR | AGENT OR |
| | - | | - | | | - | | | | | | | | | | | | | | |
| ANY PERSON WH | | | | | | | | | | | | | | | | | | | | |
| THERETO, COMM | | | | | | | | | | | | | | | | | | | | |
| I UNDERSTAND | | | | | | , | | | | | | | | | | | | | | |
| COVERAGES HAV | | | | | | | | | | | | | | | | | | | | |
| LIMITS LOWER TH | | | | | | | | | | | | | | | | | | | | -, |
| 1. I SELECT UM / | UIM | BODI | ILY I | INJURY LIMI | T(S) | INDICATI | ED IN TH | IS APP | LICATIC | ON. | | | | | | | _ | | (1) | IITIALS) |
| 2. I REJECT UM / | UIM | BODI | ILY I | INJURY COV | /ERA | GE IN ITS | 6 ENTIRE | TY. | | | | | | | | | | | (1) | IITIALS) |
| 3. I SELECT UM / | | | | | | | | | | CATION | | | | | | | - | | (IN | IITIALS) |
| | | | | | | . , | | | | o/thort. | | | | | | | - | | (IN | IITIALS) |
| 4. I REJECT UM / | | | | | | | | | | | | | • | | | | | | (" | |
| | | | | | | | | | | | | | | | | | | | (1) | |
| AND I HAVE BEEN | | CKE | ו ט. | | NGE. | | - REJEC | IEDIE | 13 000 | CRAGE, M | I INTTALS A | | | רבע H | | | - | | (II | IITIALS) |
| I UNDERSTAND T | | | | | | | | | | | | IY STA | TE S | SUPPL | EMEI | NT WI | LL APF | PLY TO A | LL FUT | JRE POLICY |
| RENEWALS, CON | | A l'IC | NS | AND CHANG | εSl | JNLESS I | | YOUO | | | | | | | | | | | | |
| APPLICANT'S SIGNAT | URE | | _ | | _ | | DATE | | 1 | PRODUCER'S | SIGNATURE | | _ | | | | | NATIO | NAL PRO | DUCER NUMBER |