



AGENCY CUSTOMER ID: _____

**TEXAS 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 \$ | | | |
| PERSONAL INJURY PROTECTION | 2 | EACH PERSON \$ | PHYSICAL DAMAGE | | |
| | 7 | AUTO DEATH INDEMNITY \$ | | | |
| | | TOTAL DISABILITY \$ | 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 / UNDERINSURED MOTORIST | 1 4 | CSL BI EA PER \$ | COLLISION | 2 4 8 3 7 | |
| | 2 7 | BI EACH ACCIDENT \$ | | | |
| | 3 | PD EA ACC \$ \$ DED | | | |
| 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 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 | 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**

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 INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED / UNDERINSURED MOTORISTS (UM / UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM / UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM / UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM / UIM BI AND/OR UM / UIM PD COVERAGES ENTIRELY.

- I SELECT UM / UIM BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
- I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
- I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
- I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (INITIALS)

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 |
|-----------------------|------|----------------------|--------------------------|

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS | PHYSICAL DAMAGE | | | | |
|-------------------------------------|---|--|--------------------------|---|------------------------------|------------------------------|------------------------------|
| 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"/> | | | |
| PERSONAL INJURY PROTECTION | 42 <input type="checkbox"/> | EACH PERSON \$ | 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"/> | AUTO DEATH INDEMNITY \$ | | 43 <input type="checkbox"/> | F <input type="checkbox"/> | FTW <input type="checkbox"/> | |
| | | TOTAL DISABILITY \$ | | 46 <input type="checkbox"/> | | | |
| MEDICAL PAYMENTS | 42 <input type="checkbox"/> 46 <input type="checkbox"/> | EACH PERSON \$ | COLLISION | 42 <input type="checkbox"/> 47 <input type="checkbox"/> | | | |
| UNINSURED / UNDERINSURED MOTORIST | 41 <input type="checkbox"/> 46 <input type="checkbox"/> | CSL <input type="checkbox"/> BI EA PER \$ | TOWING & LABOR | 46 <input type="checkbox"/> | | | |
| | 42 <input type="checkbox"/> | BI EACH ACCIDENT \$ | | | | | |
| | 43 <input type="checkbox"/> | PD EA ACC \$ \$ DED | | | | | |
| TRAILER INTERCHANGE | | | | | | | |
| | | | COVERAGES | SYMBOL | # TRAILERS | FARTH ZONE | # DAYS |
| NON-TRUCKERS HIRED / BORROWED | YES STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS | COMP / OTC | 48 | | | |
| | NO | \$ | | 49 | | | |
| TRUCKERS HIRED / BORROWED LIABILITY | YES STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS | SPECIFIED CAUSES OF LOSS | 48 | | | |
| | NO | \$ | | 49 | | | |
| NON-OWNED AUTO LIABILITY | YES STATES | GROUP TYPE | COLLISION | 48 | | | |
| | NO | NUMBER OF | | 49 | | | |
| | | EMPLOYEES | TRAILER VALUE \$ | | | | |
| OTHER | | VOLUNTEERS | HIRED PHYSICAL DAMAGE | STATES | # DAYS | # VEH | |
| | | PARTNERS | | | | | |
| | | | OTHER | COVERAGE IS: | | PRIMARY | SECONDARY |

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

SIGNATURE

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- I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
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| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
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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 | | | | | |
| PERSONAL INJURY PROTECTION | 62 | EACH PERSON \$ | SPECIFIED CAUSES OF LOSS | 62 | | 67 | <input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP | \$ | | | |
| | 67 | AUTO DEATH INDEMNITY \$ | | 63 | 68 | <input type="checkbox"/> F <input type="checkbox"/> FTW | | | | | |
| | | TOTAL DISABILITY \$ | | 64 | | | | | | | |
| | | | COLLISION | 62 | 67 | | \$ | | | | |
| | | | | 63 | 68 | | | | | | |
| | | | | 64 | | | | | | | |
| MEDICAL PAYMENTS | 62 <input type="checkbox"/> 63 <input type="checkbox"/> | 64 <input type="checkbox"/> 67 <input type="checkbox"/> | EACH PERSON \$ | TOWING & LABOR | 63 <input type="checkbox"/> | | \$ | | | | |
| | | | | | 67 <input type="checkbox"/> | | | | | | |
| UNINSURED / UNDERINSURED MOTORIST | 61 | 64 | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ | TRAILER INTERCHANGE | | | | | | | |
| | 62 | 67 | BI EACH ACCIDENT \$ | COVERAGES | SYMBOL | # TRAILERS | FARTH ZONE | # DAYS | RADIUS | DEDUCTIBLE | |
| | 63 | | PD EA ACC \$ \$ DED | COMP / OTC | 69 | | | | | | |
| | | | | | 70 | | | | | | |
| | | | | | 69 | | | | | | |
| | | | | | 70 | | | | | | |
| NON-TRUCKERS HIRED / BORROWED | <input type="checkbox"/> YES <input type="checkbox"/> NO | STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$ | COLLISION | 69 | | | | | \$ | |
| | | | | | 70 | | | | | | |
| TRUCKERS HIRED / BORROWED LIABILITY | <input type="checkbox"/> YES <input type="checkbox"/> NO | STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$ | TRAILER VALUE \$ | | | | | | | |
| NON-OWNED AUTO LIABILITY | <input type="checkbox"/> YES <input type="checkbox"/> NO | STATES | GROUP TYPE | NUMBER OF | HIRED PHYSICAL DAMAGE | STATES | # DAYS | # VEH | | | |
| | | | <input type="checkbox"/> EMPLOYEES | | | | | | | | |
| | | | <input type="checkbox"/> VOLUNTEERS | | | | | | | | |
| | | | <input type="checkbox"/> PARTNERS | | | | | | | | |
| OTHER | | | | COVERAGE IS: | | | PRIMARY | | SECONDARY | | |
| | | | | OTHER | | | | | | | |

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