



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 \$	<b>PHYSICAL DAMAGE</b>		
	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
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**TRUCKERS SECTION**

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

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 \$							
PERSONAL INJURY PROTECTION	42 <input type="checkbox"/>		EACH PERSON \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
	46 <input type="checkbox"/>		AUTO DEATH INDEMNITY \$							
			TOTAL DISABILITY \$							
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	42 <input type="checkbox"/>	47 <input type="checkbox"/>					
UNINSURED / UNDERINSURED MOTORIST	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"/>		BI EACH ACCIDENT \$							
	43 <input type="checkbox"/>		PD EA ACC \$ \$ DED							
<b>TRAILER INTERCHANGE</b>										
				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
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	NUMBER OF	COLLISION	48				\$
	NO		EMPLOYEES			49				
			VOLUNTEERS		TRAILER VALUE	\$				
OTHER			PARTNERS							
				STATES	# DAYS	# VEH				
				COVERAGE IS:		PRIMARY		SECONDARY		
				OTHER						

**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																
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																	
				SPECIFIED CAUSES OF LOSS	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					\$												
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	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH															
			EMPLOYEES																			
			VOLUNTEERS																			
			PARTNERS																			
OTHER				OTHER				COVERAGE IS:	PRIMARY	SECONDARY												
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