



# NEW JERSEY 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 \$			
PERSONAL INJURY PROTECTION	5 7	LAWSUIT THRESHOLD MEDICAL ONLY NO THRESHOLD DED \$	<b>PHYSICAL DAMAGE</b>		
		HEALTH INSURANCE OPTION YES NO EXT MED EXP LIMIT \$	TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:		SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED/UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8 3 7	
	3 7	BI EACH ACCIDENT \$			
	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 NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS			COMP \$ SPEC OF L \$ COLL \$
				COVERAGE IS: PRIMARY SECONDARY	
<b>COVERED AUTO SYMBOLS</b>	(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	

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 46	CSL BI EA PER \$	COMP / OTC	42 46		\$			
	42 47	BI EACH ACCIDENT \$		43 47					
	43 50	PROPERTY DAMAGE \$							
PERSONAL INJURY PROTECTION	44 46	LAWSUIT THRESHOLD MEDICAL ONLY NO THRESHOLD DED \$	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$			
		HEALTH INSURANCE OPTION YES NO EXT MED EXP LIMIT \$		43 47	F FTW				
				42 46					
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:		COLLISION	43 47		\$			
UNINSURED/UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$		TOWING & LABOR	46	\$			
	43	BI EACH ACCIDENT \$							
	45	PROPERTY DAMAGE \$							
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	<b>TRAILER INTERCHANGE</b>						
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE	COMP / OTC	48 49				
				SPECIFIED CAUSES OF LOSS	48 49				
				COLLISION	48 49				
OTHER			COVERAGE IS: PRIMARY SECONDARY						
<b>COVERED AUTO SYMBOLS</b>	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW		(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT		(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY			

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	61 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE			
	62 <input type="checkbox"/> 68 <input type="checkbox"/>	BI EACH ACCIDENT \$		COMP / OTC	62 <input type="checkbox"/> 67 <input type="checkbox"/>					
	63 <input type="checkbox"/> 71 <input type="checkbox"/>	PROPERTY DAMAGE \$			63 <input type="checkbox"/> 68 <input type="checkbox"/>					
	64 <input type="checkbox"/>				64 <input type="checkbox"/>					
PERSONAL INJURY PROTECTION	65 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> LAWSUIT THRESHOLD <input type="checkbox"/> MEDICAL ONLY <input type="checkbox"/> NO THRESHOLD <input type="checkbox"/> DED \$	SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/> 67 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 64 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW		\$			
		HEALTH INSURANCE OPTION <input type="checkbox"/> YES <input type="checkbox"/> EXT MED EXP <input type="checkbox"/> NO LIMIT \$						COLLISION	62 <input type="checkbox"/> 67 <input type="checkbox"/>	
									63 <input type="checkbox"/> 68 <input type="checkbox"/>	
									64 <input type="checkbox"/>	
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:		TOWING & LABOR	63 <input type="checkbox"/> 67 <input type="checkbox"/>	\$					
UNINSURED/UNDERINSURED MOTORIST	62 <input type="checkbox"/> 66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	<b>TRAILER INTERCHANGE</b>							
	63 <input type="checkbox"/> 67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	64 <input type="checkbox"/>	PROPERTY DAMAGE \$	COMP / OTC	69 <input type="checkbox"/> 70 <input type="checkbox"/>						
				SPECIFIED CAUSES OF LOSS	69 <input type="checkbox"/> 70 <input type="checkbox"/>					
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69 <input type="checkbox"/> 70 <input type="checkbox"/>					\$	
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE	NUMBER OF							
		<input type="checkbox"/> EMPLOYEES								
		<input type="checkbox"/> VOLUNTEERS								
		<input type="checkbox"/> PARTNERS								
OTHER			OTHER	COVERAGE IS:		PRIMARY	SECONDARY			

**ENDORSEMENTS**

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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 WITHOUT YOUR AUTHORIZATION. 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 INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT 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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