

ACORD™ NEW YORK 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	\$ DED \$			
OBEL	5 7	\$	PHYSICAL DAMAGE		
ADDITIONAL P.I.P.	5	WORK LOSS \$	TOWING & LABOR	3	\$
	7	OTHER EXP \$ DEATH BENEFIT \$		7	
WORK LOSS COORD	5 7	YES NO	COMPREHENSIVE	2 4 8	
MEDICAL EXP ELIM	5 7	NAMED INS ONLY NAMED INSURED AND RELATIVES		3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
STATUTORY UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4				
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST (SUM)	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4				
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 C OF L \$ COLL \$
		COVERAGE IS:		PRIMARY	SECONDARY
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		

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE					
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE		
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46		\$		
	42 47	BI EACH ACCIDENT \$		43 47				
	43 50	PROPERTY DAMAGE \$						
PERSONAL INJURY PROTECTION	44 46	\$ DED \$	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$		
OBEL	44 46	\$		43 47	F FTW			
ADDITIONAL P.I.P.	44	WORK LOSS \$	COLLISION	42 46		\$		
	46	OTHER EXP \$ DEATH BENEFIT \$		43 47				
WORK LOSS COORD	44 46	YES NO	TOWING & LABOR	46		\$		
MEDICAL EXP ELIM	44 46	NAMED INS ONLY NAMED INSURED AND RELATIVES						
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TRAILER INTERCHANGE					
	43		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS
STATUTORY UNINSURED MOTORIST	42 46	CSL BI EA PER \$	COMPREHENSIVE	48				
	43	BI EACH ACCIDENT \$		49				
	45							
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST (SUM)	42 46	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	48				
	43	BI EACH ACCIDENT \$		49				
	45							
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH				
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS						
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF	OTHER	COVERAGE IS:		PRIMARY	SECONDARY	
	NO	EMPLOYEES VOLUNTEERS PARTNERS						
COVERED AUTO SYMBOLS	(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	67	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62	67	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	63	68	\$																																																												
	62	68	BI EACH ACCIDENT \$																																																																						
	63	71	PROPERTY DAMAGE \$																																																																						
	64																																																																								
PERSONAL INJURY PROTECTION	65	67	\$ DED \$		SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	63	68	\$																																																												
OBEL	65	67	\$																																																																						
ADDITIONAL P.I.P.	65	67	\$ WORK LOSS \$																																																																						
WORK LOSS COORD	65	67	<input type="checkbox"/> YES	<input type="checkbox"/> NO	COLLISION	62	67	<input type="checkbox"/> F	<input type="checkbox"/> FTW		63	68	\$																																																												
MEDICAL EXP ELIM	65	67	<input type="checkbox"/> NAMED INS ONLY	<input type="checkbox"/> NAMED INSURED AND RELATIVES																																																																					
MEDICAL PAYMENTS	62	64	EACH PERSON \$		TOWING & LABOR	63	67				63	67	\$																																																												
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STATUTORY UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER \$	<table border="1"> <thead> <tr> <th colspan="8">TRAILER INTERCHANGE</th> </tr> <tr> <th>COVERAGES</th> <th>SYMBOL</th> <th># TRAILERS</th> <th>STATE</th> <th># DAYS</th> <th>RADIUS</th> <th colspan="2">DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMPREHENSIVE</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">SPECIFIED CAUSES OF LOSS</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">COLLISION</td> <td>69</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								TRAILER INTERCHANGE								COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE		COMPREHENSIVE	69							70							SPECIFIED CAUSES OF LOSS	69							70							COLLISION	69							70						
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ENDORSEMENTS

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? (PROVIDE NAME OF PLAN AND PERSONS COVERED)

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.

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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