



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

**TEXAS COMMERCIAL AUTO  
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	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	
	2 7	BI EACH ACCIDENT \$		3 7	
	3	PROPERTY DAMAGE \$ DED			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES	GROUP TYPE		NUMBER OF	COMP \$
	NO	EMPLOYEES			SPEC C OF L \$
		VOLUNTEERS	COLL \$		
		PARTNERS		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		

**ENDORSEMENTS / REMARKS**

**TRUCKERS SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																							
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE																	
LIABILITY	<input type="checkbox"/>	41	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMP / OTC	<input type="checkbox"/>	42	<input type="checkbox"/>	46	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$
	<input type="checkbox"/>	42	<input type="checkbox"/>	47	BI EACH ACCIDENT		\$	<input type="checkbox"/>	43	<input type="checkbox"/>	47		<input type="checkbox"/>	43	<input type="checkbox"/>	47		<input type="checkbox"/>	F	<input type="checkbox"/>	FTW	\$						
	<input type="checkbox"/>	43	<input type="checkbox"/>	50	PROPERTY DAMAGE		\$	<input type="checkbox"/>	42	<input type="checkbox"/>	46		<input type="checkbox"/>	43	<input type="checkbox"/>	47		\$										
PERSONAL INJURY PROTECTION	<input type="checkbox"/>	42	EACH PERSON		\$	COLLISION	<input type="checkbox"/>	42	<input type="checkbox"/>	46	TOWING & LABOR	<input type="checkbox"/>	46	\$														
	<input type="checkbox"/>	46	AUTO DEATH INDEMNITY		\$		TOTAL DISABILITY	\$																				
MEDICAL PAYMENTS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	EACH PERSON	\$	TRAILER INTERCHANGE																					
	<input type="checkbox"/>	43						COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE														
UNINSURED/ UNDERINSURED MOTORIST	<input type="checkbox"/>	41	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMP / OTC	<input type="checkbox"/>	48														
	<input type="checkbox"/>	42	BI EACH ACCIDENT		\$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	48																				
	<input type="checkbox"/>	43	PROPERTY DAMAGE		\$		DED	<input type="checkbox"/>	49																			
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES	COST OF HIRE		<input type="checkbox"/>	IF ANY BASIS	COLLISION	<input type="checkbox"/>	48																		\$
	<input type="checkbox"/>	NO		\$					<input type="checkbox"/>	49																		
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES	COST OF HIRE		<input type="checkbox"/>	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES		# DAYS	# VEH																
	<input type="checkbox"/>	NO		\$																								
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES	GROUP TYPE		NUMBER OF		OTHER																				
	<input type="checkbox"/>	NO		<input type="checkbox"/>	EMPLOYEES	<input type="checkbox"/>			COVERAGE IS:																			
	<input type="checkbox"/>			<input type="checkbox"/>	VOLUNTEERS	<input type="checkbox"/>			<input type="checkbox"/>	PRIMARY	<input type="checkbox"/>	SECONDARY																
OTHER																												

**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

**ENDORSEMENTS / REMARKS**

**MOTOR CARRIER SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE													
LIABILITY	61	67	CSL	BI	EA PER	\$	COMP / OTC	62	67							
	62	68	BI EACH ACCIDENT			\$		63	68							
	63	71	PROPERTY DAMAGE			\$		64	64							
	64															
PERSONAL INJURY PROTECTION	62		EACH PERSON			\$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP				
	67		AUTO DEATH INDEMNITY			\$		63	68	F	FTW					
							COLLISION	62	67							
								63	68							
								64	64							
MEDICAL PAYMENTS	62	64	EACH PERSON			\$	TOWING & LABOR	63								
	63	67						67								
UNINSURED/UNDERINSURED MOTORIST	61	64	CSL	BI	EA PER	\$	TRAILER INTERCHANGE									
	62	67	BI EACH ACCIDENT			\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE			
	63		PROPERTY DAMAGE			\$	DED									
							COMP / OTC	69								
								70								
							SPECIFIED CAUSES OF LOSS	69								
								70								
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE				IF ANY BASIS	COLLISION	69							
	NO		\$						70							
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE				IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH					
	NO		\$													
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		NUMBER OF		HIRED PHYSICAL DAMAGE									
	NO		EMPLOYEES													
			VOLUNTEERS													
			PARTNERS				COVERAGE IS:			PRIMARY	SECONDARY					
OTHER							OTHER									

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

**ENDORSEMENTS / REMARKS**

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. 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.

1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)
2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)
3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS 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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