



VIRGINIA 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 \$			
INCOME LOSS	2 7	EACH PERSON \$	PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL EXPENSES	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$			
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 NO	GROUP TYPE NUMBER OF			COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES VOLUNTEERS PARTNERS			
			COVERAGES 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

ENDORSEMENTS / REMARKS

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

INCOME
LOSS

	44
	46

EACH PERSON \$

MEDICAL
EXPENSES

	42	46
	43	

EACH PERSON \$

	48					
	49					

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	<input type="checkbox"/> 61 <input type="checkbox"/> 67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE			
	<input type="checkbox"/> 62 <input type="checkbox"/> 68	BI EACH ACCIDENT \$		COMP / OTC	<input type="checkbox"/> 62 <input type="checkbox"/> 67					
	<input type="checkbox"/> 63 <input type="checkbox"/> 71	PROPERTY DAMAGE \$			<input type="checkbox"/> 63 <input type="checkbox"/> 68					
	<input type="checkbox"/> 64				<input type="checkbox"/> 64					
INCOME LOSS	<input type="checkbox"/> 65 <input type="checkbox"/> 67	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 62 <input type="checkbox"/> 67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$				
				<input type="checkbox"/> 63 <input type="checkbox"/> 68	<input type="checkbox"/> F <input type="checkbox"/> FTW					
			COLLISION	<input type="checkbox"/> 62 <input type="checkbox"/> 67		\$				
				<input type="checkbox"/> 63 <input type="checkbox"/> 68						
				<input type="checkbox"/> 64						
MEDICAL EXPENSES	<input type="checkbox"/> 62 <input type="checkbox"/> 64 <input type="checkbox"/> 63 <input type="checkbox"/> 67	EACH PERSON \$	TOWING & LABOR	<input type="checkbox"/> 63 <input type="checkbox"/> 67	\$					
UNINSURED MOTORIST	<input type="checkbox"/> 62 <input type="checkbox"/> 66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	<input type="checkbox"/> 63 <input type="checkbox"/> 67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	<input type="checkbox"/> 64	PROPERTY DAMAGE \$	COMP / OTC	<input type="checkbox"/> 69 <input type="checkbox"/> 70						
				SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 69 <input type="checkbox"/> 70					
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION		<input type="checkbox"/> 69 <input type="checkbox"/> 70					\$
TRUCKERS 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"/>						
		<input type="checkbox"/> VOLUNTEERS	<input type="checkbox"/>							
		<input type="checkbox"/> PARTNERS	<input type="checkbox"/>							
OTHER			OTHER	COVERAGE IS:		PRIMARY	SECONDARY			

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

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

(INITIALS)

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