



CALIFORNIA 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 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$			
	2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$			
	3 <input type="checkbox"/> 8 <input type="checkbox"/>	PROPERTY DAMAGE \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$
			COMP / OTC	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/>	
MEDICAL PAYMENTS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/>	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/>	
UNINSURED MOTORIST	2 <input type="checkbox"/> 6 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>	
	3 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/> WAIVER OF DEDUCTIBLE	3 <input type="checkbox"/> 7 <input type="checkbox"/>	
	4 <input type="checkbox"/>	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	YES <input type="checkbox"/> STATES NO <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES <input type="checkbox"/> # DAYS <input type="checkbox"/> # VEH <input type="checkbox"/>	COVERAGE/DEDUCTIBLE <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$
NON-OWNED LIABILITY	YES <input type="checkbox"/> STATES NO <input type="checkbox"/>	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS			
		NUMBER OF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
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:	<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

ENDORSEMENTS / REMARKS

TRUCKERS SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE												
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE					
LIABILITY	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$								
	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT				\$									
	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE				\$									
						SPECIFIED CAUSES OF LOSS		<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$
						COLLISION		<input type="checkbox"/>	42	<input type="checkbox"/>	46				\$			
						TOWING & LABOR		<input type="checkbox"/>	43	<input type="checkbox"/>	47				\$			
MEDICAL PAYMENTS	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	46	EACH PERSON			\$									
								<input type="checkbox"/>	43	<input type="checkbox"/>	47				\$			
UNINSURED MOTORIST	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	46	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$							
	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT				\$									
	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE				\$									
						TRAILER INTERCHANGE												
						COVERAGES		SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE					
						COMP / OTC		<input type="checkbox"/>	48									
						SPECIFIED CAUSES OF LOSS		<input type="checkbox"/>	49									
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS												
								<input type="checkbox"/>	48				\$					
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS												
								<input type="checkbox"/>	49				\$					
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES	GROUP TYPE	NUMBER OF			HIRED PHYSICAL DAMAGE										
	<input type="checkbox"/>	NO		EMPLOYEES														
	<input type="checkbox"/>			VOLUNTEERS														
OTHER	<input type="checkbox"/>						OTHER											

ENDORSEMENTS / REMARKS

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	<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	<input type="checkbox"/>	67	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$					
					SPECIFIED CAUSES OF LOSS				<input type="checkbox"/>			63	<input type="checkbox"/>	68	\$	
					COLLISION				<input type="checkbox"/>	62	<input type="checkbox"/>	67	\$			
					WAIVER OF DEDUCTIBLE				<input type="checkbox"/>	63	<input type="checkbox"/>	68				
									<input type="checkbox"/>	64	<input type="checkbox"/>	67				
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	EACH PERSON \$			TOWING & LABOR				<input type="checkbox"/>	63	\$		
<input type="checkbox"/>	63	<input type="checkbox"/>	67								<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				
						SPECIFIED CAUSES OF LOSS		<input type="checkbox"/>	69							
					COLLISION		<input type="checkbox"/>	69								
					WAIVER OF DEDUCTIBLE		<input type="checkbox"/>	70							\$	
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES	COST OF HIRE			<input type="checkbox"/>	IF ANY BASIS	COLLISION		<input type="checkbox"/>	69				
<input type="checkbox"/>	NO				\$				IF ANY BASIS	WAIVER OF DEDUCTIBLE		<input type="checkbox"/>	70			\$
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES	COST OF HIRE			<input type="checkbox"/>	IF ANY BASIS	STATES		# DAYS	# VEH				
<input type="checkbox"/>	NO				\$				IF ANY BASIS							
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES	GROUP TYPE		NUMBER OF		HIRED PHYSICAL DAMAGE								
	<input type="checkbox"/>	NO				<input type="checkbox"/>	EMPLOYEES									
	<input type="checkbox"/>				<input type="checkbox"/>	VOLUNTEERS										
					<input type="checkbox"/>	PARTNERS			COVERAGE IS:		PRIMARY		SECONDARY			
OTHER							OTHER									

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

ENDORSEMENTS /REMARKS

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY DAMAGE COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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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