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ACORD °

FLORIDA COMMERCIAL AUTO

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DATE	(MM/DD/YYYY)

ACONL					SECTION	. •						,			
AGENCY			RIER NAIC CO												
POLICY NUMBER		E	FFECTIVE DATE	NAMED	INSURED(S)										
BUSINESS AUTO	SECTION	<u>l</u>		L											
COVERAGES	COVERED AUTO SYMBOLS	LIMIT	rs		COVERAGES	C	OVER	ED AUT	O SYME	OLS	L	IMITS			
LIABILITY	1 4 9	CSL BI EA PER \$													
	3 8	PROPERTY DAMAGE \$	3	AED INS &											
PERSONAL INJURY	5	NO DEDUC						PHYS	ICAL D	AMAG	E				
PROTECTION	7	DED: \$500 WK LOSS NAMED EXCL: INS ONLY		000	TOWING & LABOR		3 7				\$				
EXTENDED P.I.P.	5 7	INCLUDE WK LOSS	EXCLUDE V		COMP / OTC		2		` —	8					
ADDITIONAL P.I.P. MEDICAL	2 4 8	\$	<u> </u>	WKLOSS	SPECIFIED		2		4	8	***************************************	and the second s			
PAYMENTS	3 7	EACH PERSON \$ CSL BI EA PER \$			CAUSES OF LOSS	8	3	 	7						
UNINSURED MOTORIST	2 6 3 7	CSL ĔA PER \$			COLLISION		3		7	8					
	_ 4			·············											
			•												
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE	IF ANY BASIS		S	TATES	# D	AYS	# VE	Н	COVERAGE/DE	EDUCTIBLE \$			
WON COMPED	YES STATES	GROUP TYPE EMPLOYEES	NUMBER	ROF	HIRED PHYSICAL							\$ \$			
NON-OWNED LIABILITY		VOLUNTEERS			DAMAGE						GOLL	Ψ			
	IV ANIV ALITO	PARTNERS	ED AUTOR OTH	CO TUAN	DEN ATE DAGGENG		ERAG		77) ALLT		PRIMARY SECONDARY PECIFIED ON SCHEDULE				
AUTO (2	I) ANY AUTO 2) ALL OWNED AUTOS 3) OWNED PRIVATE PASSENG	(5) ALL C	WNED AUTOS	WHICH RE	PRIVATE PASSENG QUIRE NO-FAULT (OMPULSORY U.M.	COVERA	GE	(8) HIRE	D AU1		TEDULE			
ENDORSEMENTS	/ REMARKS (Attach AC	ORD 101, Additional Re	emarks Sche	dule, if i	more space is r	equire	d)								
SIGNATURE															
AND SUBSEQUENT MAY IN CERTAIN C INFORMATION IN C	RENEWALS. SUCH INFO IRCUMSTANCES BE DISC OUR FILES AND CAN REQU	BE COLLECTED FROM PERMATION AS WELL AS OT LOSED TO THIRD PARTIE JEST CORRECTION OF APON IS AVAILABLE UPON RI	THER PERSON S WITHOUT Y NY INACCURA	IAL AND OUR AU CIES. A I	PRIVILEGED INF THORIZATION. YO MORE DETAILED	ORMAT OU HAV DESCF	TION (/E TH RIPTIC	COLLE E RIG ON OF	CTED HT TO YOUR	BY U REVI RIGH	S OR OUR AG EW YOUR PEI ITS AND OUR	ENTS RSONAL			
		INTENT TO INJURE, DEFR MISLEADING INFORMATIO							F CLAI	м оғ	R AN APPLICA	TION			
COVERAGE 2) NON	I-STACKED UNINSURED N	I HAVE BEEN OFFERED TI IOTORIST COVERAGE 3) L IECTION OF THE COVERA	IMITS EQUAL	ТО МҮ В				•							
		CTION AND LIMIT CHOICE S UNLESS I NOTIFY YOU				SUPPL	EME!	NT WII	LL APP	LY TO	O ALL FUTURE	E POLICY			
PRODUCER'S SIGNATU	RE	F	PRODUCER'S NA	AME (Plea	se Print)						STATE PRODU	JCER LICENSE NO			
APPLICANT'S SIGNATU	RE				,	DATE					NATIONAL PRODUCER NUMBER				

TRUCKERS SECT	ΓΙΟΙ	N													/	٩G١	ENCY CUS	IONE	KIL	':												
COVERAGES	CC	OVER	ED A	UTO	SYMB	ols											PHYSICAL DAMAGE															
		41		46			CSL BI EA PER \$										COVERA	GES	A	COVI UTO S	RED YMBO	LS		LIMI	DEDUCTIBLE							
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	43 50							PERT				\$					COMP / OT	С		43							\$					
							\$10 BAS	000 IC	PLIE	AP- S TO:		NAMED INS ON	LY		NAMED INS & DEP RES REL					46												
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PROTECTION		46					DEL			\$500					\$1000		SPECIFIED CAUSES OF LOS		ss 4	43			F		FTW		\$					
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PAYMENTS		43					EAC	H PER	SON		;	\$				ļ	TOWING	***************************************		46												
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SIGNATURE																																
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ANY PERSON WHO CONTAINING ANY F										,												OF C	LAIM O	R AN	APP	LICATIO	N					
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I UNDERSTAND TH RENEWALS, CONT																		TATE S	SUPF	LEME	NT V	VILL A	PPLY 1	O ALL	. FU	TURE P	OLICY					
PRODUCER'S SIGNATU	RE			***************************************								PROI	DUC	ER'S	NAME (P	leas	e Print)							STA	TEF	RODUCE	R LICENSE NO					
APPLICANT'S SIGNATU	RE									-1							······································		DAT	Ξ				NAT	ION	AL PROD	UCER NUMBER					

MOTOR CARRIER SECTION								AGENCY CUSTOMER ID:																							
COVERAGES	COVERAGES COVERED AUTO SYMBOLS							LIMITS								Т					PH	YSIC	AL DAI	MAGE	GE						
		61	T	67				CSL		BI EA	PER	\$			***************************************		COVERAG	ES	AL	COV ITO S	ERED YMBC	LS			LIMIT	rs		DEDUCTIBLE			
LIABILITY		62		68			BIE	I EACH ACC				\$						***************************************	<u> </u>	62		67									
LIABILITY		63		71			PRO	OPER	TY D	AMAGE	Ξ	\$					COMP / OTC			63		68						\$			
	_	64	<u></u>	<u></u>							,									64											
		1					\$10 BAS	,000 3IC	PLIE	AP- S TO:		NAM INS	MED ONLY		NAMED INS & DEP RES REL	╛.	DEOLEIED.			62		67		SCL	F	т	LSP				
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UNINSURED	<u> </u>	62	-	66				CSL													T										
MOTORIST	<u> </u>	63	<u> </u>	67			BI E	BI EACH ACCIDENT \$ COVERAGES SYMBOL #TRAILERS FARTH # DAYS RA											ADIUS	DEDUCTIBL											
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SIGNATURE PERSONAL INFORM																															
AND SUBSEQUENT MAY IN CERTAIN C INFORMATION IN O PRACTICES REGAP REQUEST TO US.	IRCI IUR	UMS FILE	NAT 1A 8	CES VD C	BE D AN R	ISCL EQU	.OSI EST	ED TO	O TH	IRD P.	ARTI	ES NY	WITH 'INAC	OCU OCU	T YOUR AL RACIES. A	UTH \ MC	ORIZATIOI DRE DETAII	N. YOU LED D	J HAV ESCI	/E TI	HE RI	GHT F YC	TO R	EVIE IIGH7	W Y	DUR O DV	PERSO UR	DNAL			
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I UNDERSTAND THA RENEWALS, CONTI	NUA											0	THER	WIS	E IN WRIT	ING		ATE S	UPPL	EME.	NT V	VILL A	APPL								
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APPLICANT'S SIGNATU	RE																	Ti	DATE						NATI	ONAL	PRODI	JCER NUMBER			