



AGENCY CUSTOMER ID: _____

FLORIDA COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

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	\$10,000 DED APPLIES TO: NAMED INS ONLY NAMED INS & DEP RES REL			
	7	DED: NO DEDUCTIBLE \$250	PHYSICAL DAMAGE		
		WK LOSS EXCL: \$500 NAMED INS ONLY \$1000 NAMED INS & DEP RES REL	TOWING & LABOR	3 7	\$
EXTENDED P.I.P.	5 7	INCLUDE WK LOSS EXCLUDE WK LOSS	COMP / OTC	2 4 8	
ADDITIONAL P.I.P.	5 7	OPTION#: \$ INCLUDE WK LOSS EXCLUDE WK LOSS		3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
Hired / Borrowed Liability	YES STATES	COST OF HIRE IF ANY BASIS	Hired Physical Damage	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			
	NO	EMPLOYEES VOLUNTEERS PARTNERS			
				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	

ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**SIGNATURE**

PERSONAL INFORMATION ABOUT YOU 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/> 42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 50 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/>		\$			
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/> 46 <input type="checkbox"/>	\$10,000 BASIC DED APPLIES TO: NAMED INS ONLY NAMED INS & DEP RES REL DED: NO DEDUCTIBLE \$250 \$500 \$1000 WK LOSS EXCL: NAMED INS ONLY NAMED INS & DEP RES REL	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 46 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW <input type="checkbox"/>	\$			
EXTENDED P.I.P.	44 <input type="checkbox"/> 46 <input type="checkbox"/>	INCLUDE WK LOSS EXCLUDE WK LOSS	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/>		\$			
ADDITIONAL P.I.P.	44 <input type="checkbox"/> 46 <input type="checkbox"/>	OPTIONAL: \$ INCLUDE WK LOSS EXCLUDE WK LOSS	TOWING & LABOR	46 <input type="checkbox"/>	\$				
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/>	EACH PERSON \$	TRAILER INTERCHANGE						
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 45 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES STATES NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COMP / OTC	48 <input type="checkbox"/> 49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED	YES STATES NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/> 49 <input type="checkbox"/>					\$
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	COLLISION	48 <input type="checkbox"/> 49 <input type="checkbox"/>	STATES	# DAYS	# VEH		
OTHER			HIRED PHYSICAL DAMAGE						
			COVERAGE IS:		PRIMARY	SECONDARY			
			OTHER						

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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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS		LIMITS				PHYSICAL DAMAGE															
							COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE									
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	EA PER \$	COMP / OTC	<input type="checkbox"/>	62	<input type="checkbox"/>	67								
	<input type="checkbox"/>	62	<input type="checkbox"/>	68		BI EACH ACCIDENT	\$	<input type="checkbox"/>	63		<input type="checkbox"/>	68										
	<input type="checkbox"/>	63	<input type="checkbox"/>	71		PROPERTY DAMAGE	\$	<input type="checkbox"/>	64		<input type="checkbox"/>	64										
	<input type="checkbox"/>	64																				
PERSONAL INJURY PROTECTION	<input type="checkbox"/>	65	<input type="checkbox"/>		\$10,000 BASIC	DED APPLIES TO:	<input type="checkbox"/>	NAMED INS ONLY	<input type="checkbox"/>	NAMED INS & DEP RES REL	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"/>	67			DED:	<input type="checkbox"/>	NO DEDUCTIBLE	<input type="checkbox"/>	\$250	<input type="checkbox"/>		63	<input type="checkbox"/>	68	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW				
					WK LOSS EXCL:	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$1000	<input type="checkbox"/>		64	<input type="checkbox"/>	64								
EXTENDED P.I.P.	<input type="checkbox"/>	65	<input type="checkbox"/>	67	<input type="checkbox"/>	INCLUDE WK LOSS	<input type="checkbox"/>	EXCLUDE WK LOSS		COLLISION	<input type="checkbox"/>	62	<input type="checkbox"/>	67								
ADDITIONAL P.I.P.	<input type="checkbox"/>	65	<input type="checkbox"/>	67	OPTION#:	\$	<input type="checkbox"/>	INCLUDE WK LOSS	<input type="checkbox"/>		EXCLUDE WK LOSS	<input type="checkbox"/>	63	<input type="checkbox"/>			68					
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								COMP / OTC		69										
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										<input type="checkbox"/>	70									
TRUCKERS HIRED / BORROWED	<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	COVERAGE IS:		PRIMARY	SECONDARY								
	<input type="checkbox"/>	NO			<input type="checkbox"/>	EMPLOYEES																
					<input type="checkbox"/>	VOLUNTEERS																
OTHER	<input type="checkbox"/>				<input type="checkbox"/>	PARTNERS																

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