

# ACORD™ ALASKA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE

PRODUCER	APPLICANT (First Named Insured)
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## BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1	CSL	BI EA PER	\$	
	2		BI EACH ACCIDENT	\$	
	3		PROPERTY DAMAGE	\$	
<b>PHYSICAL DAMAGE</b>					
			TOWING & LABOR	3	\$
			COMPREHENSIVE	2	4
				3	7
MEDICAL PAYMENTS	2		EACH PERSON	\$	
	3				
UNINSURED MOTORIST	2	CSL	BI EA PER	\$	
	3		BI EACH ACCIDENT	\$	
	4		PROPERTY DAMAGE	\$	
UNDERINSURED MOTORIST	2	CSL	BI EA PER	\$	
	3		BI EACH ACCIDENT	\$	
	4		PROPERTY DAMAGE	\$	
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE	IF ANY BASIS		
		\$			
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	
		EMPLOYEES			
		VOLUNTEERS			
		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		

## TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
LIABILITY	41	CSL	BI EA PER	\$		
	42		BI EACH ACCIDENT	\$		
	43		PROPERTY DAMAGE	\$		
<b>PHYSICAL DAMAGE</b>						
			COMPREHENSIVE	42	46	\$
			SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP
				43	47	F FTW
			COLLISION	42	46	\$
				43	47	
MEDICAL PAYMENTS	42		EACH PERSON	\$		
	43					
UNINSURED MOTORIST	42	CSL	BI EA PER	\$		
	43		BI EACH ACCIDENT	\$		
	45		PROPERTY DAMAGE	\$		
UNDERINSURED MOTORIST	42	CSL	BI EA PER	\$		
	43		BI EACH ACCIDENT	\$		
	45		PROPERTY DAMAGE	\$		
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE	IF ANY BASIS			
		\$				
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE	IF ANY BASIS			
		\$				
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE		
		EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
			COVERAGE IS:	PRIMARY	SECONDARY	
OTHER			OTHER			
<b>COVERED AUTO SYMBOLS</b>	(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								
					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 \$	COMPREHENSIVE	<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"/> 68						
	<input type="checkbox"/> 64												
					SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 62	<input type="checkbox"/> 67	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP			\$
					COLLISION	<input type="checkbox"/> 63	<input type="checkbox"/> 68	<input type="checkbox"/> F	<input type="checkbox"/> FTW				\$
						<input type="checkbox"/> 64	<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	STATE	# DAYS	RADIUS	DEDUCTIBLE		
	<input type="checkbox"/> 64		PROPERTY DAMAGE \$		COMPREHENSIVE	<input type="checkbox"/> 69							
UNDERINSURED MOTORIST	<input type="checkbox"/> 62	<input type="checkbox"/> 66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 70							
	<input type="checkbox"/> 63	<input type="checkbox"/> 67	BI EACH ACCIDENT \$			<input type="checkbox"/> 69							
	<input type="checkbox"/> 64		PROPERTY DAMAGE \$			<input type="checkbox"/> 70							
NON-TRUCKERS HIRED/BORROWED	STATES		COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	COLLISION	<input type="checkbox"/> 69							\$
			\$			<input type="checkbox"/> 70							\$
HIRED/BORROWED LIABILITY	STATES		COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE				
			\$							<input type="checkbox"/> COMP	\$		
NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE	NUMBER OF						<input type="checkbox"/> SPEC C OF L	\$		
			<input type="checkbox"/> EMPLOYEES								<input type="checkbox"/> COLL	\$	
			<input type="checkbox"/> VOLUNTEERS										
			<input type="checkbox"/> PARTNERS										
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

**ENDORSEMENTS**

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 INSTRUCTION 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 ACKNOWLEDGE THAT IF I HAVE REJECTED COMPREHENSIVE AND/OR COLLISION COVERAGE ON ALL VEHICLES IN MY POLICY, I HAVE BEEN OFFERED COVERAGE FOR DAMAGE TO RENTAL VEHICLES. \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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