

# ACORD™ ALABAMA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	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 \$		
<b>PHYSICAL DAMAGE</b>							
			TOWING & LABOR	3	\$		
			COMPREHENSIVE	2	4		
				3	7	8	
MEDICAL PAYMENTS	2	4	8	EACH PERSON	\$		
	3	7					
UNINSURED MOTORIST	2	6		CSL	BI EA PER \$		
	3	7			BI EACH ACCIDENT \$		
	4						
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	IF ANY BASIS	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE			COMP \$
		EMPLOYEES					SPEC C OF L \$
		VOLUNTEERS					COLL \$
		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	46	CSL	BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
	42	47			COMPREHENSIVE	42	46	\$			
	43	50				43	47	\$			
					SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP \$			
						43	47	F FTW \$			
					COLLISION	42	46	\$			
						43	47	\$			
MEDICAL PAYMENTS	42	46	EACH PERSON	\$	TOWING & LABOR	46		\$			
	43										
UNINSURED MOTORIST	42	46	CSL	BI EA PER \$	<b>TRAILER INTERCHANGE</b>						
	43			BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45				COMPREHENSIVE	48					
						49					
					SPECIFIED CAUSES OF LOSS	48					
						49					
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$	IF ANY BASIS	COLLISION	48						\$
					49						
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	IF ANY BASIS	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE				
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE			COMP \$	SPEC C OF L \$	COLL \$		
		EMPLOYEES									
		VOLUNTEERS									
		PARTNERS									
				COVERAGE IS:		PRIMARY	SECONDARY				
OTHER				OTHER							
<b>COVERED AUTO SYMBOLS</b>	(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	61	67	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	COMPREHENSIVE	62	67				\$
	62	68	BI EACH ACCIDENT		\$		63	68				
	63	71	PROPERTY DAMAGE		\$		64					
	64											
						SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	\$
							63	68	<input type="checkbox"/> F	<input type="checkbox"/> FTW		
							64					
						COLLISION	62	67				\$
							63	68				
							64					
MEDICAL PAYMENTS	62	64	EACH PERSON		\$	TOWING & LABOR	63					\$
	63	67					67					
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	TRAILER INTERCHANGE						
	63	67	BI EACH ACCIDENT		\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64					COMPREHENSIVE	69					
							70					
						SPECIFIED CAUSES OF LOSS	69					
							70					
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS		COLLISION	69					\$
		\$					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	\$
										<input type="checkbox"/>	SPEC C OF L	\$
										<input type="checkbox"/>	COLL	\$
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	NUMBER OF			COVERAGE IS:			PRIMARY		SECONDARY	
		<input type="checkbox"/> EMPLOYEES										
		<input type="checkbox"/> VOLUNTEERS										
		<input type="checkbox"/> PARTNERS										
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**

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 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. 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 UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY (BI) COVERAGE HAS BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BI COVERAGE ENTIRELY.

1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)  
 2. I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (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 (MM/DD/YY)	PRODUCER'S SIGNATURE	
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