

ACORD™ ARIZONA 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	CSL	BI EA PER		\$	
	2		BI EACH ACCIDENT		\$	
	3		PROPERTY DAMAGE		\$	
PHYSICAL DAMAGE						
			TOWING & LABOR	3	\$	
			COMPREHENSIVE	2	4	
				3	7	
MEDICAL PAYMENTS	2	EACH PERSON	SPECIFIED CAUSES OF LOSS	2	4	
	3			3	7	
UNINSURED MOTORIST	2	CSL	BI EA PER	2	4	
	3		BI EACH ACCIDENT	3	7	
	4					
UNDERINSURED MOTORIST	2	CSL	BI EA PER	2	4	
	3		BI EACH ACCIDENT	3	7	
	4					
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	IF ANY BASIS	STATES	# DAYS	
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	COVERED AUTO SYMBOLS	
		EMPLOYEES				COMP \$
		VOLUNTEERS				SPEC C OF L \$
		PARTNERS				COLL \$
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			

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE				
LIABILITY	41	CSL	BI EA PER				
	42		BI EACH ACCIDENT			\$	
	43		PROPERTY DAMAGE			\$	
PHYSICAL DAMAGE							
			SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP	
				43	47	F FTW	
			COLLISION	42	46		
				43	47		
MEDICAL PAYMENTS	42	EACH PERSON	TOWING & LABOR	46		\$	
UNINSURED MOTORIST	42	CSL	BI EA PER				
	43		BI EACH ACCIDENT				
	45						
UNDERINSURED MOTORIST	42	CSL	BI EA PER				
	43		BI EACH ACCIDENT				
	45						
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	
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	COVERED AUTO SYMBOLS	LIMITS	
		EMPLOYEES					COMP \$
		VOLUNTEERS					SPEC C OF L \$
		PARTNERS					COLL \$
COVERAGE IS: PRIMARY SECONDARY							
OTHER				OTHER			
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									
	61 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE						
LIABILITY	62 <input type="checkbox"/> 68 <input type="checkbox"/>	BI EACH ACCIDENT \$	COMPREHENSIVE	62 <input type="checkbox"/> 67 <input type="checkbox"/>							\$	
	63 <input type="checkbox"/> 71 <input type="checkbox"/>	PROPERTY DAMAGE \$		63 <input type="checkbox"/> 68 <input type="checkbox"/>								
	64 <input type="checkbox"/>			64 <input type="checkbox"/>								
			SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP						\$	
				63 <input type="checkbox"/> 68 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW							
				64 <input type="checkbox"/>								
			COLLISION	62 <input type="checkbox"/> 67 <input type="checkbox"/>							\$	
				63 <input type="checkbox"/> 68 <input type="checkbox"/>								
				64 <input type="checkbox"/>								
MEDICAL PAYMENTS	62 <input type="checkbox"/> 64 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>							\$	
	63 <input type="checkbox"/> 67 <input type="checkbox"/>			67 <input type="checkbox"/>								
UNINSURED MOTORIST	62 <input type="checkbox"/> 66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE									
	63 <input type="checkbox"/> 67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE			
	64 <input type="checkbox"/>		COMPREHENSIVE	69 <input type="checkbox"/>								
UNDERINSURED MOTORIST	62 <input type="checkbox"/> 66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		70 <input type="checkbox"/>								
	63 <input type="checkbox"/> 67 <input type="checkbox"/>	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69 <input type="checkbox"/>								
	64 <input type="checkbox"/>			70 <input type="checkbox"/>								
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69 <input type="checkbox"/>							\$	
				70 <input type="checkbox"/>								
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 \$					
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE					<input type="checkbox"/> COLL \$					
		EMPLOYEES										
		VOLUNTEERS										
		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 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 (MM/DD/YY)	PRODUCER'S SIGNATURE
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