

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

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA PERSONAL AUTO SUPPLEMENT.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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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