



COLORADO COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT (First Named Insured)

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 \$			
PERS INJURY PROT/ MED/REHAB EXP	5	BASIC OPTIONAL PPO OPTION	PHYSICAL DAMAGE		
	7	\$ DED REJECT WK LOSS CO-PAY OPTION			
ADDED P.I.P.	5	MED EXP BENEFIT WKLK WK LOSS BEN: PER WEEK NO WKLK LIMIT	TOWING & LABOR	3 7	\$
	7	AGGREGATE WK LOSS TIME LMT: 52 WKS UNLIMITED	COMPREHENSIVE	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
	3 7				
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE
NON-OWNED LIABILITY	STATES	GROUP TYPE NUMBER OF		EMPLOYEES	COMP \$ SPEC C OF L \$ COLL \$
				VOLUNTEERS	
			PARTNERS		
			COVERAGES 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						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46					
	42 47	BI EACH ACCIDENT \$		43 47		\$			
	43 50	PROPERTY DAMAGE \$							
PERS INJURY PROT/ MED/REHAB EXP	44	BASIC OPTIONAL PPO OPTION	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$			
	46	\$ DED REJECT WK LOSS CO-PAY OPTION		43 47	F FTW				
ADDED P.I.P.	44	MED EXP BENEFIT WKLK WK LOSS BEN: PER WEEK NO WKLK LIMIT	COLLISION	42 46		\$			
	46	AGGREGATE WK LOSS TIME LMT: 52 WKS UNLIMITED		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					
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE IF ANY BASIS	COLLISION	48 49					\$
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE				
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE NUMBER OF		EMPLOYEES	COMP \$ SPEC C OF L \$ COLL \$				
				VOLUNTEERS					
			PARTNERS						
			COVERAGES 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							
							COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE	
LIABILITY	61	67	CSL	BI EA PER	\$	COMPREHENSIVE	62	67					\$	
	62	68		BI EACH ACCIDENT	\$		63	68						
	63	71		PROPERTY DAMAGE	\$		64							
	64													
PERS INJURY PROT/ MED/REHAB EXP	65		BASIC	OPTIONAL BASIC	PPO OPTION	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP		\$	
	67		\$	DED	REJECT WK LOSS		OPTION	63	68	F	FTW			
ADDED P.I.P.	65		MED EXP BENEFIT	WKL WK LOSS BEN	PER WEEK	COLLISION	62	67					\$	
	67		AGGREGATE	WK LOSS TIME LMT	52 WKS		NO WKL LIMIT UNLIMITED	63						68
MEDICAL PAYMENTS	62	64	EACH PERSON		\$	TOWING & LABOR	63						\$	
	63	67					67							
UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE								
	63	67		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE		
	64			PROPERTY DAMAGE	\$	COMPREHENSIVE	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 \$	SPEC C OF L \$	COLL \$		
NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE	NUMBER OF			COVERAGE IS:			PRIMARY		SECONDARY		
													EMPLOYEES	
													VOLUNTEERS	
OTHER														
													PARTNERS	

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.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

I HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT ITS LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS BUT NEED NOT BE AVAILABLE IN EXCESS OF \$100,000/\$300,000. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.

FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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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