



CONNECTICUT 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 \$			
BASIC REPAIRATIONS BENEFITS	5	\$ LIMIT	PHYSICAL DAMAGE		
	7	\$ PER WEEK	TOWING & LABOR	3 7	\$
ADDED REPAIRATIONS BENEFITS	5	\$ LIMIT	COMPREHENSIVE	2 4 8	
	7	\$ PER WEEK		3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
UNINSURED/UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	UIM STANDARD COV UIM CONVERSION			
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	STATES	GROUP TYPE		NUMBER OF	COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
			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 46	CSL BI EA PER \$	COMPREHENSIVE	42 46					
	42 47	BI EACH ACCIDENT \$		43 47			\$		
	43 50	PROPERTY DAMAGE \$							
BASIC REPAIRATIONS BENEFITS	44	\$ LIMIT	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP		\$		
	46	\$ PER WEEK		43 47	F FTW				
ADDED REPAIRATIONS BENEFITS	44	\$ LIMIT	COLLISION	42 46			\$		
	46	\$ PER WEEK		43 47					
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	46			\$		
	43								
UNINSURED/UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE						
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45	UIM STANDARD COV UIM CONVERSION	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	COVERAGE/DEDUCTIBLE				
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE		NUMBER OF	COMP \$ SPEC C OF L \$ COLL \$				
		EMPLOYEES							
		VOLUNTEERS							
		PARTNERS							
			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"/> 63 <input type="checkbox"/> 71 <input type="checkbox"/> 64 <input type="checkbox"/>	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMPREHENSIVE	62 <input type="checkbox"/> 67 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 64 <input type="checkbox"/>		\$				
BASIC REPAIRATIONS BENEFITS	65 <input type="checkbox"/> 67 <input type="checkbox"/>	\$ LIMIT PER WEEK	SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/> 67 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 64 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW	\$				
ADDED REPAIRATIONS BENEFITS	65 <input type="checkbox"/> 67 <input type="checkbox"/>	\$ LIMIT PER WEEK	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"/> 63 <input type="checkbox"/> 67 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/> 67 <input type="checkbox"/>		\$				
UNINSURED/UNDERINSURED MOTORIST	62 <input type="checkbox"/> 66 <input type="checkbox"/> 63 <input type="checkbox"/> 67 <input type="checkbox"/> 64 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ <input type="checkbox"/> UIM STANDARD COV <input type="checkbox"/> UIM CONVERSION	TRAILER INTERCHANGE							
			COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
			COMPREHENSIVE	69 <input type="checkbox"/> 70 <input type="checkbox"/>						
			SPECIFIED CAUSES OF LOSS	69 <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			
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE					<input type="checkbox"/> COMP \$	<input type="checkbox"/> SPEC C OF L \$	<input type="checkbox"/> COLL \$	
		EMPLOYEES VOLUNTEERS PARTNERS		NUMBER OF						
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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