



DISTRICT OF COLUMBIA 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	\$	
PERSONAL INJURY PROTECTION	5	\$	DED	\$	MEDICAL
	7	\$	WK LOSS	\$	FUNERAL
			PHYSICAL DAMAGE		
			TOWING & LABOR	3	\$
			COMPREHENSIVE	2	4
				3	7
MEDICAL PAYMENTS	2	EACH PERSON	\$	2	4
	3			3	7
UNINSURED MOTORIST	2	CSL	BI EA PER	\$	
	3		BI EACH ACCIDENT	\$	
	4		PROPERTY DAMAGE	\$	
UNDERINSURED MOTORIST	2	CSL	BI EA PER	\$	
	3		BI EACH ACCIDENT	\$	
	4		PROPERTY DAMAGE	\$	
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE	IF ANY BASIS	STATES	# DAYS
	NO	\$			# VEH
NON-OWNED LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	COVERAGE/DEDUCTIBLE <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$
	NO	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	CSL	BI EA PER	\$		
	42		BI EACH ACCIDENT	\$		
	43		PROPERTY DAMAGE	\$		
PERSONAL INJURY PROTECTION	44	\$	DED	\$	MEDICAL	
	46	\$	WK LOSS	\$	FUNERAL	
			TRAILER INTERCHANGE			
			COMPREHENSIVE	42	46	\$
			SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP
				43	47	F FTW
			COLLISION	42	46	\$
				43	47	
MEDICAL PAYMENTS	42	EACH PERSON	\$	46	\$	
UNINSURED MOTORIST	42	CSL	BI EA PER	\$		
	43		BI EACH ACCIDENT	\$		
	45		PROPERTY DAMAGE	\$		
UNDERINSURED MOTORIST	42	CSL	BI EA PER	\$		
	43		BI EACH ACCIDENT	\$		
	45		PROPERTY DAMAGE	\$		
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE	IF ANY BASIS	STATES	# DAYS	# VEH
	NO	\$				
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE	IF ANY BASIS	STATES	# DAYS	# VEH
	NO	\$				
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	COVERAGE/DEDUCTIBLE <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$	
	NO	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									
LIABILITY	61	67	CSL	BI EA PER	\$	COMPREHENSIVE	62	67				\$
	62	68		BI EACH ACCIDENT	\$		63	68				
	63	71		PROPERTY DAMAGE	\$		64					
	64											
PERSONAL INJURY PROTECTION	65		\$	DED	\$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67		\$	WK LOSS	\$		63	68	F	FTW		
						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		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64			PROPERTY DAMAGE	\$	COMPREHENSIVE	69					
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$	SPECIFIED CAUSES OF LOSS	70					
	63	67		BI EACH ACCIDENT	\$		69					
NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS	COLLISION	69					\$
	NO			\$			70					
HIRED/BORROWED LIABILITY	YES	STATES		COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO			\$								
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF		COVERAGE IS:			PRIMARY	SECONDARY	
	NO			EMPLOYEES								
				VOLUNTEERS								
				PARTNERS								
OTHER						OTHER						

ENDORSEMENTS

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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 PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER ON HOW TO SUBMIT A REQUEST TO US.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF UNDERINSURED MOTORISTS LIMITS ARE NOT INDICATED, I HAVE ELECTED NOT TO PURCHASE THIS COVERAGE.

I HAVE ALSO BEEN OFFERED OPTIONAL PERSONAL INJURY PROTECTION COVERAGES. I HAVE REJECTED THE FOLLOWING:

1. AUTO MEDICAL EXPENSE COVERAGE _____ (INITIALS)
2. WORK LOSS COVERAGE _____ (INITIALS)
3. FUNERAL EXPENSE COVERAGE _____ (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	PRODUCER'S SIGNATURE	
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