



# GEORGIA 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 \$				
<b>PHYSICAL DAMAGE</b>						
			TOWING & LABOR	3 7	\$	
			COMPREHENSIVE	2 4 8		
				3 7		
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7		
UNINSURED MOTORIST	2 6	CSL BI EA PER \$ DED \$	COLLISION	2 4 8		
	3 7	BI EACH ACCIDENT \$ DED \$		3 7		
	4	PROPERTY DAMAGE \$ DED \$				
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE	
NON-OWNED LIABILITY	STATES	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS		NUMBER OF	COVERAGE IS:	COMP \$
						SPEC C OF L \$
			COLL \$			
			PRIMARY SECONDARY			
<b>COVERED AUTO SYMBOLS</b>	(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 \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
		42 47	BI EACH ACCIDENT \$	COMPREHENSIVE	42 46 43 47		\$		
		43 50	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$		
			COLLISION	42 46 43 47		\$			
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46		\$			
UNINSURED MOTORIST	42 46	CSL BI EA PER \$ DED \$	<b>TRAILER INTERCHANGE</b>						
	43	BI EACH ACCIDENT \$ DED \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$ DED \$	COMPREHENSIVE	48 49					
			SPECIFIED CAUSES OF LOSS	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 EMPLOYEES VOLUNTEERS PARTNERS		NUMBER OF	COVERAGE IS:	COMP \$			
						SPEC C OF L \$			
			COLL \$						
			PRIMARY SECONDARY						
OTHER			OTHER						
<b>COVERED AUTO SYMBOLS</b>	(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													
					SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP				\$
						63	68	F	FTW					
						64								
MEDICAL PAYMENTS	62	64		EACH PERSON \$	TOWING & LABOR	63								\$
	63	67				67								
UNINSURED MOTORIST	62	66	CSL	BI EA PER \$ DED \$	TRAILER INTERCHANGE									
	63	67		BI EACH ACCIDENT \$ DED \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE			
	64			PROPERTY DAMAGE \$ DED \$	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	\$			
										SPEC C OF L	\$			
										COLL	\$			
NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE	NUMBER OF		COVERAGE IS:			PRIMARY	SECONDARY				
			EMPLOYEES											
			VOLUNTEERS											
			PARTNERS											
OTHER					OTHER									

**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 AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE AND UNINSURED MOTORISTS COVERAGE HAVE BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION. I HAVE ALSO SIGNED THE STATE SUPPLEMENT TO THIS APPLICATION.

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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