

ACORD™ IOWA 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 \$
PHYSICAL DAMAGE					
			TOWING & LABOR	3	\$
			COMPREHENSIVE	2	4
				3	7
MEDICAL PAYMENTS	2	4	8	EACH PERSON	\$
	3	7			
UNINSURED MOT STACKED NON-STKD	2	6		CSL	BI EA PER \$
	3	7			BI EACH ACCIDENT \$
	4				
UNDERINS MOT STACKED NON-STKD	2	6		CSL	BI EA PER \$
	3	7			BI EACH ACCIDENT \$
	4				
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$		IF ANY BASIS	
NON-OWNED LIABILITY	STATES	GROUP TYPE		NUMBER OF	
		EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
			HIRED PHYSICAL DAMAGE		
			STATES	# DAYS	# VEH
			COVERAGE/DEDUCTIBLE		
					COMP \$
					SPEC C OF L \$
					COLL \$
			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 \$		
	42	47				\$
	43	50				\$
PHYSICAL DAMAGE						
			SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP \$
				43	47	F FTW
			COLLISION	42	46	\$
				43	47	
MEDICAL PAYMENTS	42	46	EACH PERSON			\$
	43					
UNINSURED MOT STACKED NON-STKD	42	46	CSL	BI EA PER \$		
	43					
	45					
UNDERINS MOT STACKED NON-STKD	42	46	CSL	BI EA PER \$		
	43					
	45					
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$		IF ANY BASIS		
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$		IF ANY BASIS		
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE		NUMBER OF		
		EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
			HIRED PHYSICAL DAMAGE			
			STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
			COMP \$			
			SPEC C OF L \$			
			COLL \$			
			COVERAGE IS: PRIMARY 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											
			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						
							COLLISION	62	67					
								63	68					\$
								64						
MEDICAL PAYMENTS	62	64			EACH PERSON	\$	TOWING & LABOR	63						\$
	63	67						67						
UNINSURED MOT	62	66	CSL	BI	EA PER	\$	TRAILER INTERCHANGE							
STACKED	63	67			BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
NON-STKD	64						COMPREHENSIVE	69						
								70						
UNDERINS MOT	62	66	CSL	BI	EA PER	\$	SPECIFIED CAUSES OF LOSS	69						
STACKED	63	67			BI EACH ACCIDENT	\$		70						
NON-STKD	64													
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							

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

NOTICE OF INSURANCE INFORMATION PRACTICES
 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. 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 I HAVE BEEN OFFERED THE FOLLOWING UNINSURED AND UNDERINSURED (UM AND UIM) MOTORIST OPTIONS: 1) STACKED UM AND UIM COVERAGE 2) NON-STACKED UM AND UIM COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE REJECTED UM OR UIM, OR SELECTED OPTION 1, THEN I HAVE ALSO SIGNED THE IOWA AUTO SUPPLEMENT.

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 (MM/DD/YY)	PRODUCER'S SIGNATURE
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