



ILLINOIS 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			CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$		
	2	7					
	3	8					
PHYSICAL DAMAGE							
			TOWING & LABOR	3	\$		
			COMPREHENSIVE	2	4		
				3	7		
MEDICAL PAYMENTS	2	4	SPECIFIED CAUSES OF LOSS	2	4		
	3	7		3	7		
UNINSURED MOTORIST	2	6	COLLISION	2	4		
	3	7		3	7		
	4						
UNINSURED/UNDERINSURED MOTORIST	2	6			CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$		
	3	7					
	4						
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ <input type="checkbox"/> 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 \$
		<input type="checkbox"/> EMPLOYEES					
		<input type="checkbox"/> VOLUNTEERS					
		<input type="checkbox"/> 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	COMPREHENSIVE	42	46	\$	
	42	47					
	43	50					
			SPECIFIED CAUSES OF LOSS	42	46	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	
				43	47	F <input type="checkbox"/> FTW <input type="checkbox"/>	
			COLLISION	42	46	\$	
				43	47		
MEDICAL PAYMENTS	42	46	TOWING & LABOR	46	\$		
UNINSURED MOTORIST	42	46	TRAILER INTERCHANGE				
	43		COMPREHENSIVE	48			
	45						
UNINSURED/UNDERINSURED MOTORIST	42	46	SPECIFIED CAUSES OF LOSS	48			
	43						
	45						
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	48		\$	
				49			
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		NUMBER OF	COMP \$	SPEC C OF L \$	COLL \$
		<input type="checkbox"/> EMPLOYEES					
		<input type="checkbox"/> VOLUNTEERS					
		<input type="checkbox"/> PARTNERS					
			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								
MEDICAL PAYMENTS	62	64		EACH PERSON \$	TOWING & LABOR	63								\$
	63	67				67								
UNINSURED MOTORIST	62	66		PROPERTY DAMAGE \$	TRAILER INTERCHANGE									
	63	67			COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE			
	64													
UNINSURED/UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$	COMPREHENSIVE	69								
	63	67		BI EACH ACCIDENT \$			70							
	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					
NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE	NUMBER OF						COMP	\$			
			EMPLOYEES							SPEC C OF L	\$			
			VOLUNTEERS							COLL	\$			
			PARTNERS			COVERAGE IS:			PRIMARY	SECONDARY				
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

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 ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED/UNDERINSURED (UI/UIM) MOTORISTS BODILY INJURY (BI) COVERAGE UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE, AND UM PROPERTY DAMAGE COVERAGE AS APPLICABLE. I HAVE SELECTED THE LIMITS INDICATED HERE AND IN THE STATE SUPPLEMENT.

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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