



LOUISIANA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

| | |
|----------|---------------------------------|
| PRODUCER | APPLICANT (First Named Insured) |
|----------|---------------------------------|

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 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 \$ | COLLISION | 2 4 8 | |
| | 3 7 | BI EACH ACCIDENT \$ | | 3 7 | |
| | 4 | PROPERTY DAMAGE \$ | | | |
| 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 | | | |
|-----------------------------|--|---|--|--|--------------------------------------|--------------------------------|
| | | | COVERAGES | COVERED AUTO SYMBOLS | LIMITS | DEDUCTIBLE |
| LIABILITY | 41 46 | CSL BI EA PER \$ | COMPREHENSIVE | 42 46 | | \$ |
| | 42 47 | BI EACH ACCIDENT \$ | | 43 47 | | |
| | 43 50 | PROPERTY DAMAGE \$ | | | | |
| | | | SPECIFIED CAUSES OF LOSS | 42 46 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 \$ | TRAILER INTERCHANGE | | | |
| | 43 | BI EACH ACCIDENT \$ | COVERAGES | SYMBOL | # TRAILERS | STATE # DAYS RADIUS DEDUCTIBLE |
| | 45 | PROPERTY DAMAGE \$ | 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 | | 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 | | | | | | | | |
|-----------------------------|-----------------------------|---|--|-----------------------------|-----------------------------|---|---------------------|---|-----------|------------|--|
| LIABILITY | 61 <input type="checkbox"/> | 67 <input type="checkbox"/> | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ | COVERAGES | COVERED AUTO SYMBOLS | LIMITS | DEDUCTIBLE | | | | |
| | 62 <input type="checkbox"/> | 68 <input type="checkbox"/> | BI EACH ACCIDENT \$ | COMPREHENSIVE | 62 <input type="checkbox"/> | 67 <input type="checkbox"/> | \$ | | | | |
| | 63 <input type="checkbox"/> | 71 <input type="checkbox"/> | PROPERTY DAMAGE \$ | | 63 <input type="checkbox"/> | 68 <input type="checkbox"/> | | | | | |
| | 64 <input type="checkbox"/> | | | | 64 <input type="checkbox"/> | | | | | | |
| | | | SPECIFIED CAUSES OF LOSS | 62 <input type="checkbox"/> | 67 <input type="checkbox"/> | <input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP | \$ | | | | |
| | | | | 63 <input type="checkbox"/> | 68 <input type="checkbox"/> | <input type="checkbox"/> F <input type="checkbox"/> FTW | | | | | |
| | | | | 64 <input type="checkbox"/> | | | | | | | |
| | | | 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"/> | EACH PERSON \$ | TOWING & LABOR | 63 <input type="checkbox"/> | \$ | | | | | |
| | 63 <input type="checkbox"/> | 67 <input type="checkbox"/> | | | 67 <input type="checkbox"/> | | | | | | |
| UNINSURED MOTORIST | 62 <input type="checkbox"/> | 66 <input type="checkbox"/> | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ | TRAILER INTERCHANGE | | | | | | | |
| | 63 <input type="checkbox"/> | 67 <input type="checkbox"/> | BI EACH ACCIDENT \$ | COVERAGES | SYMBOL | # TRAILERS | STATE | # DAYS | RADIUS | DEDUCTIBLE | |
| | 64 <input type="checkbox"/> | | PROPERTY DAMAGE \$ | 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 | | NUMBER OF | | | | <input type="checkbox"/> COMP \$ | | | |
| | | <input type="checkbox"/> EMPLOYEES | | | | | | <input type="checkbox"/> SPEC C OF L \$ | | | |
| | | <input type="checkbox"/> VOLUNTEERS | | | | | | <input type="checkbox"/> COLL \$ | | | |
| | | <input type="checkbox"/> PARTNERS | | | | | | | | | |
| 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 AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BI AND/OR UM PD COVERAGES ENTIRELY.

1. I SELECT UNINSURED MOTORISTS LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (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 (MM/DD/YY) | | PRODUCER'S SIGNATURE | |
|-----------------------|--|-----------------|--|----------------------|--|