## ACORD MASSACHUSETTS COMMERCIAL AUTO

APPLICANT (First Named Insured)

BUSINESS AUTO	O SECTION												
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	S COVE	RED AUTO	SYMBOL	s	LIMIT	s				
	1 4 9	BI EACH PERSON \$											
BODILY INJURY	2 7	BI EACH ACCIDENT \$											
LIABILITY	3 8												
	5	PER PERSON \$ DED \$	-										
COMPULSORY		VOURSELE AND											
PERSONAL INJURY PROTECTION	7		OPTIONAL			ICAL DAMA	AGE						
			TOWING	3			\$						
COMPULSORY: DAM-			& LABOR	7			· ·						
AGE TO SOMEONE ELSE'S PROPERTY	2 4 8	EACH ACCIDENT \$	OPTIONAL	2	4	s 🗌 ۱							
ELSE S PROPERTY			COMPREHENSIV	/E 3	7	7							
OPTIONAL	2 4 8		OPTIONAL	2	4	1 8							
MEDICAL PAYMENTS	3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOS	s 3	7	,							
	2 6	CSL BI EA PER \$	OPTIONAL	2	4	4 8							
COMPULSORY	3 7	BI EACH ACCIDENT \$	COLLISION	3	7	,							
MOTORIST	4	PROPERTY DAMAGE \$											
	1 4 9	EACH PERSON \$	-										
OPTIONAL BODILY INJURY													
TOOTHERS	2 7	EACH ACCIDENT \$											
OPTIONAL	3 8	MOTORCYCLE GUEST OCCUPANT EXCLUSION	c	STATES #	DAYS	# VEH		GE/DEDU					
HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS		STATES #	DATS	# VEN	COVERA	GE/DEDU	CTIBLE				
LIABILITY	NO	\$	OPTIONAL										
	YES STATES	GROUP TYPE NUMBER OF	HIRED				CO						
OPTIONAL NON-OWNED	NO	EMPLOYEES	PHYSICAL DAMAGE				SPE C O	<u>⊧C</u> FL\$					
LIABILITY		VOLUNTEERS											
		PARTNERS		COVERA	GE IS:		PRIMARY	s	ECONDARY				
	1) ANY AUTO	(4) OWNED AUTOS OTHER THAN F					SPECIFIED O	N SCHEDL	JLE				
	2) ALL OWNED AUTOS 3) OWNED PRIVATE PASSENG	(5) ALL OWNED AUTOS WHICH RE ER AUTOS (6) OWNED AUTOS SUBJECT TO C				8) HIRED A 9) NON-OW	UTOS /NED AUTOS						
TRUCKERS SEC	,					,							
COVERAGES	COVERED AUTO SYMBOLS	LIMITS			PHYS	ICAL DAM	GE						
	41 46	BIEACH PERSON \$	COVERAGES	COV	/ERED		LIMITS		DEDUCTIBLE				
BODILY			COVERAGES		SYMBOLS		LINITS		DEDUCTIBLE				
INJURY LIABILITY	42 47	BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIV	/= 42		16			\$				
	43 50	PER				17							
COMPULSORY PERSONAL INJURY	44	PERSON \$ DED \$	OPTIONAL SPECIFIED	42	4	16 SC		LSP	\$				
PROTECTION	46	YOURSELF FAMILY MEMBERS	CAUSES OF LOS	S 43	4	7 F FT							
COMPULSORY: DAM-	41 43 47	EACH ACCIDENT \$	OPTIONAL	42	4	46			\$				
ELSE'S PROPERTY	42 46 50		COLLISION	43	4	17			Ψ				
OPTIONAL MEDICAL	42 46		OPTIONAL TOWING	46									
PAYMENTS	43	EACH PERSON \$	& LABOR			\$							
COMPULSORY	42 46	CSL BI EA PER \$			TRAILER	RINTERCH	ANGE						
UNINSURED	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAI		TE # DAYS	RADIUS	DEDUCTIBLE				
MOTORIST	45	PROPERTY DAMAGE \$	ODTIONAL	48									
	41 46	EACH PERSON \$	OPTIONAL COMPREHENSIV										
OPTIONAL BODILY INJURY	42 47	EACH ACCIDENT \$	OPTIONAL	48									
TO OTHERS			SPECIFIED CAUSES OF LOS										
OPTIONAL	43 50 YES STATES	MOTORCYCLE GUEST OCCUPANT EXCLUSION	CAUSES OF LOS										
NON-TRUCKERS	NO	COST OF HIRE IF ANY BASIS	OPTIONAL COLLISION	48					\$				
HIRED/BORROWED		\$		49									
OPTIONAL HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS		STATES #	DAYS	# VEH							
LIABILITY	NO	\$	OPTIONAL										
OPTIONAL	STATES	GROUP TYPE NUMBER OF	HIRED										
NON-OWNED	YES	EMPLOYEES	PHYSICAL DAMAGE										
AUTO LIABILITY	NO	VOLUNTEERS											
I		PARTNERS		COVERA	GE IS:		PRIMARY		SECONDARY				
						E     PRIMARY     SECONDARY							
OTHER			OTHER										
OTHER			OTHER										
OTHER COVERED AUTO SYMB	BOLS (44)					49) YOU R			SESSION OF				
COVERED AUTO SYME (41) ANY AUTO	(45	) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPE ) OWNED AUTOS SUBJECT TO A (47) HIRE	CIFICALLY DESCRIE			ANOTH	FRAILERS IN	R UNDER A					
COVERED AUTO SYME (41) ANY AUTO (42) OWNED AUTOS OF	(45 NLY	) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPE ) OWNED AUTOS SUBJECT TO A (47) HIRE COMPULSORY UNINSURED (48) TRAI	CIFICALLY DESCRIE D AUTOS ONLY LERS IN YOUR POS	SSESSION UNI	DER		IER TRUCKE CHANGE AGF	R UNDER A					
COVERED AUTO SYME (41) ANY AUTO	(45 NLY CIAL AUTOS ONLY	) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPE ) OWNED AUTOS SUBJECT TO A (47) HIRE COMPULSORY UNINSURED (48) TRAI	CIFICALLY DESCRIE D AUTOS ONLY LERS IN YOUR POS AILER INTERCHANG	SSESSION UNI	DER	ANOTH INTER 50) NON-O	IER TRUCKE CHANGE AGF WNED AUTO	R UNDER A REEMENT S ONLY					

## MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS				PHYSICAL DAMAGE												
		61		6	7		BI EACH F	ERSON	\$		COVER	GES	Δ	COVE UTO SY		•		DEDUCTIBLE		
BODILY		62		6	8	BI EACH ACCIDENT \$					OPTIONAL		62		67					
INJURY LIABILITY		63		7	'1								63		68				s	
		64								COMPREH	COMPREHENSIVE		64							
	65				PER PERSON \$ DED \$ YOURSELF AND YOURSELF FAND							62	67			CL FT LSP				
COMPULSORY PERSONAL INJURY	67			OPTIONAL SPECIFIED							63 68		68	F FTW			\$			
PROTECTION									CAUSES O	FLOSS		64								
COMPULSORY: DAM-		61		64	71									62	2 67					
AGE TO SOMEONE		62		67		EACH ACCIDENT \$				OPTIONAL COLLISION			63	63 68 64				\$		
ELSE'S PROPERTY		63		68							OCLEIGICIA		64							
OPTIONAL MEDICAL		62	64		54011252001			OPTIONAL TOWING			63			•						
PAYMENTS	63 67				57	EACH PERSON \$			& LABOR			67			\$					
COMPULSORY		62		6	6		CSL	BI EA PE	R \$				TRAILER INTERCHANGE							
UNINSURED MOTORIST		63 67			BI EACH ACCIDENT \$			COVERA	COVERAGES		MBOL	# TR/	ILER	S STAT	E #DAYS	RADIUS	DEDUCTIBLE			
		64				PRC	PERTY DA	MAGE	\$					69						
OPTIONAL		61		64	71	EAC	HPERSON		\$		COMPREH	ENSIVE		70						
BODILY INJURY TO OTHERS		62 67		EACH ACCIDENT \$			OPTIONAL SPECIFIED	OPTIONAL SPECIFIED		69										
		63		68			MOTORC	/CLE GU	EST O	CCUPANT EXCLUSION	CAUSES O	FLOSS		70			_			
OPTIONAL NON-TRUCKERS		YES STATES			COST OF HIRE IF ANY BASIS			OPTIONAL			69						\$			
HIRED/BORROWED	NO			\$			COLLISION	COLLISION		70										
OPTIONAL HIRED/BORROWED	YES STATES			COST OF HIRE IF ANY BASIS				STA		TES # DA`		AYS #VE								
LIABILITY		10				\$														
OPTIONAL			STAT	ES		GRO	OUP TYPE			NUMBER OF	HIRED									
NON-OWNED	Ì	/ES					EMPLOYE	ES			PHYSICAL DAMAGE									
AUTO LIABILITY		NO					VOLUNTE	ERS			_									
				PARTNERS					COVERAGE		E IS:			PRIMARY		SECONDARY				
OTHER											OTHER									
(61) ANY AUTO (62) OWNED AUTOS ON	OVERED AUTO SYMBOLS(64) OWNED COMMERCIAL AUTOS ONLY(67) SPECIFICALLY DESCRIBED AUTOS(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER1) ANY AUTO(65) OWNED AUTOS SUBJECT TO NO-FAULT(68) HIRED AUTOS ONLYANOTHER TRUCKER UNDER A TRAILER2) OWNED AUTOS ONLY(66) OWNED AUTOS SUBJECT TO A COMPUL-(69) TRAILERS IN YOUR POSSESSION UNDERINTERCHANGE AGREEMENT3) OWNED PRIVATE PASS AUTOS ONLYSORY UNINSURED MOTORIST LAWA TRAILER INTERCHANGE AGREEMENT(71) NON-OWNED AUTOS ONLY																			

## ENDORSEMENTS

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative
consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This
information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time,
additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

I UNDERSTAND	THAT THE	COVERAGE	SELECTION	AND LIMIT	CHOICES	INDICATED	HERE	OR IN	ANY	STATE	SUPPLEMENT	WILL	APPLY	то	ALL	FUTURE
POLICY RENEWA	LS, CONTI	NUATIONS AN	DCHANGES	UNLESSIN	IOTIFY YOU	OTHERWISE	IN WRI	ITING.								

	DATE		
APPLICANT'S		PRODUCER'S	
SIGNATURE		SIGNATURE	
		1	