



# MASSACHUSETTS 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
BODILY INJURY LIABILITY	1	4	9		BI EACH PERSON \$ BI EACH ACCIDENT \$
	2	7			
	3	8			
COMPULSORY PERSONAL INJURY PROTECTION	5				PER PERSON \$ DED \$ YOURSELF YOURSELF AND FAMILY MEMBERS
	7				
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1	3	7	9	EACH ACCIDENT \$
	2	4	8		
OPTIONAL MEDICAL PAYMENTS	2	4	8	EACH PERSON \$	
	3	7			
COMPULSORY UNINSURED MOTORIST	2	6		CSL	BI EA PER \$
	3	7			BI EACH ACCIDENT \$
	4				PROPERTY DAMAGE \$
OPTIONAL BODILY INJURY TO OTHERS	1	4	9	EACH PERSON \$ EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	
	2	7			
	3	8			
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH
NO		\$			COVERAGE/DEDUCTIBLE
OPTIONAL NON-OWNED LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE	COMP \$ SPEC C OF L \$
	NO	EMPLOYEES VOLUNTEERS PARTNERS			
				COVERAGE IS:	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				
BODILY INJURY LIABILITY	41	46	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	42	47					
	43	50					
COMPULSORY PERSONAL INJURY PROTECTION	44			OPTIONAL SPECIFIED CAUSES OF LOSS	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	46						
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41	43	47	OPTIONAL COLLISION	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	42	46	50				
OPTIONAL MEDICAL PAYMENTS	42	46	EACH PERSON \$	OPTIONAL TOWING & LABOR	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	43						
COMPULSORY UNINSURED MOTORIST	42	46	CSL	BI EA PER \$	TRAILER INTERCHANGE		
	43			BI EACH ACCIDENT \$			
	45			PROPERTY DAMAGE \$			
OPTIONAL BODILY INJURY TO OTHERS	41	46	EACH PERSON \$ EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL SPECIFIED CAUSES OF LOSS	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	42	47					
	43	50					
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL COLLISION	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
NO		\$					
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE	IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
NO		\$					
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
	NO	EMPLOYEES VOLUNTEERS PARTNERS					
				COVERAGE IS:	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						
BODILY INJURY LIABILITY	61	BI EACH PERSON \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62	BI EACH ACCIDENT \$		62	67				
	63			63	68				
	64			64					
COMPULSORY PERSONAL INJURY PROTECTION	65	PER PERSON \$ DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
	67	YOURSELF YOURSELF AND FAMILY MEMBERS		63	68	F	FTW		
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	61	EACH ACCIDENT \$	OPTIONAL COLLISION	62	67				
	62			68					
	63								
OPTIONAL MEDICAL PAYMENTS	62	EACH PERSON \$	OPTIONAL TOWING & LABOR	63					
	63			64					
COMPULSORY UNINSURED MOTORIST	62	CSL BI EA PER \$	TRAILER INTERCHANGE						
	63	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64	PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	69					
OPTIONAL BODILY INJURY TO OTHERS	61	EACH PERSON \$	OPTIONAL SPECIFIED CAUSES OF LOSS	70					
	62	EACH ACCIDENT \$		69					
	63	MOTORCYCLE GUEST OCCUPANT EXCLUSION		70					
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS \$	OPTIONAL COLLISION	69					\$
	NO			70					
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS \$	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO								
OPTIONAL NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE		NUMBER OF					
	YES	EMPLOYEES							
	NO	VOLUNTEERS							
		PARTNERS							
OTHER			OTHER						
<b>COVERED AUTO SYMBOLS</b>		(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT					
(61) ANY AUTO		(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY					
(62) OWNED AUTOS ONLY		(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT						
(63) OWNED PRIVATE PASS 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 TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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