

# ACORD™ MARYLAND 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 \$				
PERSONAL INJURY PROTECTION	5	\$ 2,500 PER PERSON	<b>PHYSICAL DAMAGE</b>			
	7	WAIVER OF P.I.P.	TOWING & LABOR	3 7	\$	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	COMPREHENSIVE	2 4 8		
	3 7			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	COVERAGE IS:	COMP \$
		EMPLOYEES				SPEC C OF L \$
		VOLUNTEERS	COLL \$			
		PARTNERS				
<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						
			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 \$							
PERSONAL INJURY PROTECTION	44	\$ 2,500 PER PERSON	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$			
	46	WAIVER OF P.I.P.		43 47	F FTW				
MEDICAL PAYMENTS	42 46	EACH PERSON \$	COLLISION	42 46		\$			
	43			43 47					
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	<b>TRAILER INTERCHANGE</b>						
	43	BI EACH ACCIDENT \$	<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>STATE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>
	45	PROPERTY DAMAGE \$	COMPREHENSIVE	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	COVERAGE IS:	COMP \$			
		EMPLOYEES				SPEC C OF L \$			
		VOLUNTEERS	COLL \$						
		PARTNERS							
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							
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS				DEDUCTIBLE	
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62	67				\$
	62	68	BI EACH ACCIDENT \$		63	68				
	63	71	PROPERTY DAMAGE \$		64					
	64									
PERSONAL INJURY PROTECTION	65	\$ 2,500 PER PERSON	SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP				\$
	67	<input type="checkbox"/> WAIVER OF P.I.P.		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
			COLLISION	62	67				\$	
				63	68					
				64						
MEDICAL PAYMENTS	62	EACH PERSON \$	TOWING & LABOR	63		\$				
	63			67						
UNINSURED MOTORIST	62	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	63	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	64	PROPERTY DAMAGE \$	COMPREHENSIVE	69						
				70						
			SPECIFIED CAUSES OF LOSS	69						
				70						
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$	
				70						
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE			
								<input type="checkbox"/> COMP \$		
								<input type="checkbox"/> SPEC C OF L \$		
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE					<input type="checkbox"/> COLL \$			
		<input type="checkbox"/> EMPLOYEES								
		<input type="checkbox"/> VOLUNTEERS								
		<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.

IF I HAVE SELECTED UNINSURED MOTORISTS LIMITS LOWER THAN MY BODILY INJURY AND/OR PROPERTY DAMAGE LIABILITY LIMITS AND/OR WAIVER OF PERSONAL INJURY PROTECTION, I HAVE ALSO SIGNED THE MARYLAND AUTO 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
-----------------------	-----------------	----------------------