

ACORD™ MISSOURI 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	CSL	BI EA PER		\$		
	2		BI EACH ACCIDENT		\$		
	3		PROPERTY DAMAGE		\$		
PHYSICAL DAMAGE							
			TOWING & LABOR	3	\$		
			COMPREHENSIVE	2	4		
				3	7		
MEDICAL PAYMENTS	2	EACH PERSON	SPECIFIED CAUSES OF LOSS	2	4		
	3			3	7		
UNINSURED MOTORIST	2	CSL	BI EA PER	2	4		
	3		BI EACH ACCIDENT	3	7		
	4						
UNDERINSURED MOTORIST	2	CSL	BI EA PER	2	4		
	3		BI EACH ACCIDENT	3	7		
	4						
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	IF ANY BASIS	STATES	# DAYS		
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	COVERED AUTO SYMBOLS		
		EMPLOYEES				COMP	\$
		VOLUNTEERS				SPEC C OF L	\$
		PARTNERS			COLL	\$	
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	CSL	BI EA PER					
	42		BI EACH ACCIDENT			\$		
	43		PROPERTY DAMAGE			\$		
PHYSICAL DAMAGE								
			SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP		
				43	47	F FTW		
			COLLISION	42	46			
				43	47			
MEDICAL PAYMENTS	42	EACH PERSON	TOWING & LABOR	46		\$		
UNINSURED MOTORIST	42	CSL	BI EA PER					
	43		BI EACH ACCIDENT					
	45							
UNDERINSURED MOTORIST	42	CSL	BI EA PER					
	43		BI EACH ACCIDENT					
	45							
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$	IF ANY BASIS	COLLISION	48	\$		
				49				
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	IF ANY BASIS	STATES	# DAYS	# VEH		
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	COVERED AUTO SYMBOLS	LIMITS		
		EMPLOYEES					COMP	\$
		VOLUNTEERS					SPEC C OF L	\$
		PARTNERS			COLL	\$		
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 \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
	62 <input type="checkbox"/>	68 <input type="checkbox"/>		COMPREHENSIVE	62 <input type="checkbox"/>	67 <input type="checkbox"/>	\$			
	63 <input type="checkbox"/>	71 <input type="checkbox"/>		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 <input type="checkbox"/> F <input type="checkbox"/> FTW		\$		
			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 \$ BI EACH ACCIDENT \$	TRAILER INTERCHANGE						
	63 <input type="checkbox"/>	67 <input type="checkbox"/>		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64 <input type="checkbox"/>			COMPREHENSIVE	69 <input type="checkbox"/>					
UNDERINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69 <input type="checkbox"/>					
	63 <input type="checkbox"/>	67 <input type="checkbox"/>		70 <input type="checkbox"/>						
	64 <input type="checkbox"/>			COLLISION	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 AND UNDERINSURED MOTORISTS COVERAGES HAVE BEEN OFFERED TO ME. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.

PREMIUM QUOTED IS AN ESTIMATE ONLY AND THE PREMIUM CHARGED WILL BE IN ACCORDANCE WITH THE COMPANY'S FILED RATES.

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
-----------------------	-----------------	----------------------