



NORTH CAROLINA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)	FACILITY CODE:
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			
LIABILITY	1 4 9	CSL BI EA PER \$	PHYSICAL DAMAGE *Include the Fire District name and code # if fire or comprehensive coverage is provided TOWING & LABOR 3 7 \$ COMPREHENSIVE* 2 4 8 3 7 SPECIFIED CAUSES OF LOSS* 2 4 8 3 7 COLLISION 2 4 8 3 7					
	2 7	BI EACH ACCIDENT \$						
	3 8	PROPERTY DAMAGE \$						
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$						
UNINSURED MOTORIST	2 6	CSL BI EA PER \$						
	3 7	BI EACH ACCIDENT \$						
	4							
UNINSURED/UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$						
	3 7	BI EACH ACCIDENT \$						
	4							
UNINSURED MOTORIST	2 6 3 7 4	PROPERTY DAMAGE \$						
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS				HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERED AUTO SYMBOLS
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF					EMPLOYEES VOLUNTEERS PARTNERS	COVERAGE IS: PRIMARY SECONDARY
								COMP \$ SPEC C OF L \$ COLL \$
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 46	CSL BI EA PER \$	*Include the Fire District name and code # if fire or comprehensive coverage is provided			
	42 47	BI EACH ACCIDENT \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	43 50	PROPERTY DAMAGE \$	COMPREHENSIVE*	42 46 43 47		\$
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	SPECIFIED CAUSES OF LOSS*	42 46 43 47	SCL FT LSP F FTW	\$
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	COLLISION	42 46 43 47		\$
	43 45	BI EACH ACCIDENT \$	TOWING & LABOR	46		\$
	45		TRAILER INTERCHANGE *Include the Fire District name and code # if fire or comprehensive coverage is provided			
UNINSURED/UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
	43 45	BI EACH ACCIDENT \$	COMPREHENSIVE*	48 49		
	45		SPECIFIED CAUSES OF LOSS*	48 49		
UNINSURED MOTORIST	42 46 43 44	PROPERTY DAMAGE \$	COLLISION	48 49		\$
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE STATES # DAYS # VEH COVERAGE IS: PRIMARY SECONDARY			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS				
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF				
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 <small>*Include the Fire District name and code # if fire or comprehensive coverage is provided</small>							
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMPREHENSIVE*	62	67	\$			
	62	68			63	68				
	63	71			64					
	64									
			SPECIFIED CAUSES OF LOSS*		62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW	\$		
					63	68			64	
MEDICAL PAYMENTS	62	64	EACH PERSON \$	COLLISION	62	67	\$			
	63	67			63	68				
	64				64					
UNINSURED/UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	TOWING & LABOR	63		\$			
	63	67			67					
	64									
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	TRAILER INTERCHANGE <small>*Include the Fire District name and code # if fire or comprehensive coverage is provided</small>						
	63	67		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64			COMPREHENSIVE*	69					
UNINSURED MOTORIST	62	66	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS*	69					
	63	67			70					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69					
	NO		\$		70					\$
HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		\$							
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		COVERAGE IS:					
	NO		EMPLOYEES		NUMBER OF	PRIMARY		SECONDARY		
			VOLUNTEERS							
			PARTNERS							
OTHER				OTHER						

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, COMITS 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) AND UNDERINSURED MOTORISTS (UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM OR UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM OR UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM/UIM BI, UMBI, AND/OR UM, PD OR UM/UIMP COVERAGES ENTIRELY.

1. I SELECT THE UM/UIM BI AND/OR PD LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT UIM BI COVERAGE. _____ (INITIALS)
3. I REJECT UIM PD COVERAGE. _____ (INITIALS)
4. I REJECT UM/UIM BI AND PD COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
5. I REJECT ONLY UM/UIM PD 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	PRODUCER'S SIGNATURE
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