



NEW JERSEY 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
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	LAWSUIT THRESHOLD MEDICAL ONLY NO THRESHOLD DED \$	PHYSICAL DAMAGE		
		HEALTH INS OPT: EXT MED EXP DED \$	TOWING & LABOR	3 7	\$
			COMPREHENSIVE	2 4 8 3 7	
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:		SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED/UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8 3 7	
	3 7	BI EACH ACCIDENT \$			
	4	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF		EMPLOYEES VOLUNTEERS PARTNERS	COMP \$ SPEC C OF L \$ COLL \$
	NO				
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	COVERAGE IS:	PRIMARY	SECONDARY

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 43 47		\$	
	42 47	BI EACH ACCIDENT \$					
	43 50	PROPERTY DAMAGE \$					
PERSONAL INJURY PROTECTION	44 46	LAWSUIT THRESHOLD MEDICAL ONLY NO THRESHOLD DED \$	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$	
		HEALTH INS OPT: EXT MED EXP DED \$		COLLISION	42 46 43 47		\$
					TOWING & LABOR	46	\$
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:		TRAILER INTERCHANGE				
UNINSURED/UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	COMPREHENSIVE	48 49			
	43 46	BI EACH ACCIDENT \$					
	45	PROPERTY DAMAGE \$					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION	48 49		\$	
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH			
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF		EMPLOYEES VOLUNTEERS PARTNERS	COVERAGE IS:	PRIMARY	SECONDARY
	NO						
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 \$	COMPREHENSIVE	62 <input type="checkbox"/> 67 <input type="checkbox"/>			\$			
	62 <input type="checkbox"/> 68 <input type="checkbox"/>	BI EACH ACCIDENT \$		63 <input type="checkbox"/> 68 <input type="checkbox"/>						
	63 <input type="checkbox"/> 71 <input type="checkbox"/>	PROPERTY DAMAGE \$		64 <input type="checkbox"/>						
	64 <input type="checkbox"/>									
PERSONAL INJURY PROTECTION	65 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> LAWSUIT THRESHOLD <input type="checkbox"/> MEDICAL ONLY	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"/> NO THRESHOLD <input type="checkbox"/> DED \$		63 <input type="checkbox"/> 68 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW					
		HEALTH INS OPT: <input type="checkbox"/> EXT MED EXP <input type="checkbox"/> DED \$		64 <input type="checkbox"/>						
EXTRA PIP OPTIONS	NUMBER OF RELATIVES: <input type="checkbox"/>		TOWING & LABOR	63 <input type="checkbox"/> 67 <input type="checkbox"/>	\$					
UNINSURED/UNDERINSURED MOTORIST	62 <input type="checkbox"/> 66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	63 <input type="checkbox"/> 67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	64 <input type="checkbox"/>	PROPERTY DAMAGE \$	COMPREHENSIVE	69 <input type="checkbox"/> 70 <input type="checkbox"/>						
			SPECIFIED CAUSES OF LOSS	69 <input type="checkbox"/> 70 <input type="checkbox"/>						
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69 <input type="checkbox"/> 70 <input type="checkbox"/>					\$	
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE								
		EMPLOYEES								
		VOLUNTEERS								
		PARTNERS								
OTHER			OTHER				COVERAGE IS:	PRIMARY	SECONDARY	
<p>COVERED AUTO SYMBOLS</p> <p>(61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY</p> <p>(64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</p> <p>(67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</p> <p>(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY</p>										

ENDORSEMENTS

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS 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. 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 INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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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