

# ACORD™ OHIO COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE

PRODUCER	APPLICANT (First Named Insured)
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## 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	\$	
<b>PHYSICAL DAMAGE</b>					
			TOWING & LABOR	3	\$
			COMPREHENSIVE	2	4
				3	7
MEDICAL PAYMENTS	2		SPECIFIED CAUSES OF LOSS	2	4
	3			3	7
UNINSURED MOTORIST	2	CSL	BI EA PER	\$	
	3		BI EACH ACCIDENT	\$	
	4		PROPERTY DAMAGE	\$250 DED \$	
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	IF ANY BASIS		
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	COVERAGE/DEDUCTIBLE <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$
		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			
LIABILITY	41	CSL	BI EA PER	\$		
	42		BI EACH ACCIDENT	\$		
	43		PROPERTY DAMAGE	\$		
<b>PHYSICAL DAMAGE</b>						
			COMPREHENSIVE	42	46	\$
			SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP
				43	47	F FTW
			COLLISION	42	46	\$
				43	47	
MEDICAL PAYMENTS	42		TOWING & LABOR	46	\$	
	43					
UNINSURED MOTORIST	42	CSL	BI EA PER	\$		
	43		BI EACH ACCIDENT	\$		
	45		PROPERTY DAMAGE	\$250 DED \$		
<b>TRAILER INTERCHANGE</b>						
			COMPREHENSIVE	48		
			SPECIFIED CAUSES OF LOSS	48		
				49		
			COLLISION	48		\$
				49		
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$	IF ANY BASIS			
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	IF ANY BASIS			
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	COVERAGE/DEDUCTIBLE <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$	
		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								
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"/>										
			SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP				\$	
				63 <input type="checkbox"/>	68 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW					
				64 <input type="checkbox"/>							
			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 \$	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 \$250 DED \$	COMPREHENSIVE	69 <input type="checkbox"/>						
					70 <input type="checkbox"/>						
					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		EMPLOYEES	NUMBER OF			<input type="checkbox"/> COMP \$			
				VOLUNTEERS				<input type="checkbox"/> SPEC C OF L \$			
				PARTNERS				<input type="checkbox"/> COLL \$			
OTHER				COVERAGE IS:			PRIMARY		SECONDARY		

**ENDORSEMENTS**

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME AND THAT I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR REJECTING UM COVERAGE ENTIRELY.

I HAVE SELECTED:

1. THE LIMITS SHOWN IN THIS APPLICATION; OR

2. I HAVE REJECTED UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY.

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NAMED INSURED SIGNATURE

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NAMED INSURED SIGNATURE

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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