



PENNSYLVANIA 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				
FIRST PARTY BENEFITS	5	MED EXP \$ FUNERAL \$	PHYSICAL DAMAGE		
	7	WK LOSS \$ ACC DTH \$			
TORT OPTION	5 7	LTD FULL	TOWING & LABOR	3 7	\$
COMBINATION FIRST PARTY BEN	5 7	TOT BEN LMT \$ FU-NERAL \$ ACC \$ DTH \$	COMPREHENSIVE	2 4 8 3 7	
EXTRAORD MED BEN	5 7	\$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COLLISION	2 4 8 3 7	
UNINSURED MOT STACKED NON-STKD	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4				
UNDERINS MOT STACKED NON-STKD	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4				
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES VOLUNTEERS PARTNERS		COVERAGES 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			
			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					
FIRST PARTY BENEFITS	45	MED EXP \$ FUNERAL \$	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$
	47	WK LOSS \$ ACC DTH \$		43 47	F FTW	
TORT OPTION	45 47	LTD FULL	COLLISION	42 46 43 47		\$
COMBINATION FIRST PARTY BEN	44 46	TOT BEN LMT \$ FU-NERAL \$ ACC \$ DTH \$	TOWING & LABOR	46		\$
EXTRAORD MED BEN	44 46	\$	TRAILER INTERCHANGE			
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
UNINSURED MOT STACKED NON-STKD	42 46	CSL BI EA PER \$	COMPREHENSIVE	48 49		
	43	BI EACH ACCIDENT \$				
	45					
UNDERINS MOT STACKED NON-STKD	42 46	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 49		
	43	BI EACH ACCIDENT \$				
	45					
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 NO	GROUP TYPE NUMBER OF			COVERAGES IS: PRIMARY SECONDARY	
		EMPLOYEES VOLUNTEERS PARTNERS	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						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	61	67	COMPREHENSIVE	62	67	\$			
	62	68		63	68				
	63	71		64					
	64								
FIRST PARTY BENEFITS	65	MED EXP \$ FUNERAL \$	SPECIFIED CAUSES OF LOSS	62	67	\$			
	67	WK LOSS \$ ACC DTH \$		63	68				
TORT OPTION	65	LTD FULL		64					
COMBINATION FIRST PARTY BEN	65	TOT BEN LMT \$ FU- NERAL \$ ACC DTH \$	COLLISION	62	67	\$			
	67			63	68				
EXTRAORD MED BEN	65	\$		64					
MEDICAL PAYMENTS	62	EACH PERSON \$	TOWING & LABOR	63	\$				
	63			67					
UNINSURED MOT STACKED	62	66	TRAILER INTERCHANGE						
	63	67	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
NON-STKD	64		COMPREHENSIVE	69					
UNDERINS MOT STACKED	62	66	SPECIFIED CAUSES OF LOSS	70					
	63	67		69					
NON-STKD	64		70						
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COLLISION	69					\$
	NO			70					
HIRED/BORROWED LIABILITY	YES	STATES	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO								
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE		COVERAGE IS:					
	YES	EMPLOYEES			PRIMARY		SECONDARY		
	NO	VOLUNTEERS							
OTHER		PARTNERS	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 OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 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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