



RHODE ISLAND 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 \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMPREHENSIVE	2 4 8	
				3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED/ UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	STATES	GROUP TYPE		NUMBER OF	COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
			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			
			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	PROPERTY DAMAGE \$				
			SPECIFIED CAUSES OF LOSS	42 46 47	SCL FT LSP F FTW	\$
			COLLISION	42 46		\$
				43 47		
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46	\$	
UNINSURED/ UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE			
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
	45	PROPERTY DAMAGE \$	COMPREHENSIVE	48 49		
			SPECIFIED CAUSES OF LOSS	48 49		
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49		\$
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE	
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE		NUMBER OF	COMP \$ SPEC C OF L \$ COLL \$	
		EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
			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	67	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER	\$	COMPREHENSIVE	62	67					\$
	62	68	BI EACH ACCIDENT		\$	63		68						
	63	71	PROPERTY DAMAGE		\$	64								
	64													
							SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP		\$
								63	68	<input type="checkbox"/> F	<input type="checkbox"/> FTW			
								64						
								62	67					
								63	68					\$
								64						
MEDICAL PAYMENTS	62	64	EACH PERSON		\$		TOWING & LABOR	63						\$
	63	67						67						
UNINSURED/UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL	<input type="checkbox"/> BI	EA PER	\$	TRAILER INTERCHANGE							
	63	67	BI EACH ACCIDENT		\$		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE	
	64		PROPERTY DAMAGE		\$		COMPREHENSIVE	69						
								70						
								69						
								70						
NON-TRUCKERS HIRED/BORROWED	STATES		COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS		COLLISION	69						\$
			\$					70						
HIRED/BORROWED LIABILITY	STATES		COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE			
			\$									<input type="checkbox"/> COMP	\$	
												<input type="checkbox"/> SPEC C OF L	\$	
												<input type="checkbox"/> COLL	\$	
NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE		NUMBER OF									
			<input type="checkbox"/> EMPLOYEES											
			<input type="checkbox"/> VOLUNTEERS											
			<input type="checkbox"/> PARTNERS											
OTHER							OTHER							

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 MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:
 1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION _____ (INITIALS)
 2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY _____ (INITIALS)

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.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE HAS BEEN OFFERED TO ME. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT. IN ADDITION, I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.

1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)
 2. I REJECT UM/UIM PD COVERAGE _____ (INITIALS)

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 (MM/DD/YY)	PRODUCER'S SIGNATURE
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