



SOUTH 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	CSL	BI EA PER		\$
	2		BI EACH ACCIDENT		\$
	3		PROPERTY DAMAGE		\$
PERSONAL INJURY PROTECTION	5		DEDUCTIBLE		
	7		\$		\$
ADDITIONAL P.I.P.	5	TOTAL	WK LOSS		\$
	7		MED		\$
UNINSURED MOTORIST	2	CSL	BI EA PER		\$
	3		BI EACH ACCIDENT		\$
	4		PROPERTY DAMAGE	\$ 200	DED
UNDERINSURED MOTORIST	2	CSL	BI EA PER		\$
	3		BI EACH ACCIDENT		\$
	4		PROPERTY DAMAGE	\$ 200	DED
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE		IF ANY BASIS	\$
NON-OWNED LIABILITY	STATES	GROUP TYPE		NUMBER OF	
		EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
			HIRED PHYSICAL DAMAGE		
			STATES	# DAYS	# VEH
			COVERAGE/DEDUCTIBLE		
				COMP	\$
				SPEC C OF L	\$
				COLL	\$
			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	CSL	BI EA PER		\$	
	42		BI EACH ACCIDENT		\$	
	43		PROPERTY DAMAGE		\$	
PERSONAL INJURY PROTECTION	44		DEDUCTIBLE			
	46		\$		\$	
ADDITIONAL P.I.P.	44	TOTAL	WK LOSS		\$	
	46		MED		\$	
UNINSURED MOTORIST	42	CSL	BI EA PER		\$	
	43		BI EACH ACCIDENT		\$	
	45		PROPERTY DAMAGE	\$ 200	DED	
UNDERINSURED MOTORIST	42	CSL	BI EA PER		\$	
	43		BI EACH ACCIDENT		\$	
	45		PROPERTY DAMAGE	\$ 200	DED	
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		
		EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
			HIRED PHYSICAL DAMAGE			
			STATES	# DAYS	# VEH	
			COVERAGE/DEDUCTIBLE			
				COMP	\$	
				SPEC C OF L	\$	
				COLL	\$	
			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 <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"/>		DEDUCTIBLE	SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP				
	67 <input type="checkbox"/>		\$		63 <input type="checkbox"/>	68 <input type="checkbox"/>				<input type="checkbox"/> F <input type="checkbox"/> FTW	
ADDITIONAL P.I.P.	65 <input type="checkbox"/>		TOTAL WK LOSS \$	COLLISION	62 <input type="checkbox"/>	67 <input type="checkbox"/>					
	67 <input type="checkbox"/>		\$ MED \$		63 <input type="checkbox"/>	68 <input type="checkbox"/>					
				TOWING & LABOR	63 <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 \$ 200 DED	COMPREHENSIVE	69						
UNDERINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	70						
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$		69						
NON-TRUCKERS HIRED/BORROWED	64 <input type="checkbox"/>		PROPERTY DAMAGE \$ 200 DED	COLLISION	70					\$	
	STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$								
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		NUMBER OF				<input type="checkbox"/> COMP \$		
			<input type="checkbox"/> EMPLOYEES						<input type="checkbox"/> C OF L \$		
			<input type="checkbox"/> VOLUNTEERS					<input type="checkbox"/> COLL \$			
			<input type="checkbox"/> PARTNERS								
OTHER				OTHER							

COVERED AUTO SYMBOLS
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY
 (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

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 FRAUD 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.

IF I AM REQUESTING INSURANCE FOR ANY INDIVIDUALLY OWNED PICKUP TRUCK, PANEL TRUCK, VAN, OR SIMILAR MOTOR VEHICLE, AND I HAVE PREVIOUSLY USED THE VEHICLE(S) IN MY BUSINESS, I HAVE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION EITHER A COPY OF MY BUSINESS LICENSE, OR A COPY OF IRS FORM 1040, SCHEDULE C OR SCHEDULE C-EZ, DETAILING NET PROFIT OR LOSS DERIVED FROM THE LEGITIMATE COMMERCIAL USE OF THE VEHICLE(S). IF I HAVE NOT PREVIOUSLY USED SUCH VEHICLE(S) IN MY BUSINESS, OR IF I HAVE A NEW COMMERCIAL ENTERPRISE, I HAVE READ AND SIGNED THE SOUTH CAROLINA COMMERCIAL AUTO SUPPLEMENT, ACORD 62 SC.

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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