



SOUTH DAKOTA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

| | |
|----------|---------------------------------|
| PRODUCER | APPLICANT (First Named Insured) |
|----------|---------------------------------|

BUSINESS AUTO SECTION

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS | COVERAGES | COVERED AUTO SYMBOLS | LIMITS | | |
|-----------------------------|--|--|---|-----------------------|------------------------------|---------------------|----------------|
| LIABILITY | 1 | CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| SUPPLEMENTAL AUTO COVERAGES | 5 | \$ AUTO DEATH BEN <input type="checkbox"/> \$10,000 EA PER TOT DIS-ABIL BEN <input type="checkbox"/> \$60 PER PERSON GAINFUL EMPL <input type="checkbox"/> \$30 PER PERS-NOT GAINFUL EMPL | PHYSICAL DAMAGE | | | | |
| | 7 | | TOWING & LABOR | 3 | \$ | | |
| MEDICAL PAYMENTS | 2 | EACH PERSON \$ | COMPREHENSIVE | 2 | 4 <input type="checkbox"/> 8 | | |
| | 3 | | | 3 | 7 | | |
| | | | | | | | |
| UNINSURED MOTORIST | 2 | CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ | COLLISION | 2 | 4 <input type="checkbox"/> 8 | | |
| | 3 | | | 3 | 7 | | |
| | 4 | | | | | | |
| UNDERINSURED MOTORIST | 2 | CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ | | | | | |
| | 3 | | | | | | |
| | 4 | | | | | | |
| HIRED/BORROWED LIABILITY | STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$ | STATES | # DAYS | # VEH | COVERAGE/DEDUCTIBLE | |
| NON-OWNED LIABILITY | STATES | GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS | NUMBER OF | HIRED PHYSICAL DAMAGE | | | 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 <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ | COMPREHENSIVE | 42 | 46 | \$ | | | |
| | 42 | | | 47 | | | | | |
| | 43 | | | 50 | | | | | |
| SUPPLEMENTAL AUTO COVERAGES | 44 | \$ AUTO DEATH BEN <input type="checkbox"/> \$10,000 EA PER TOT DIS-ABIL BEN <input type="checkbox"/> \$60 PER PERSON GAINFUL EMPL <input type="checkbox"/> \$30 PER PERS-NOT GAINFUL EMPL | SPECIFIED CAUSES OF LOSS | 42 | 46 | SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> | | | |
| | 46 | | | 47 | F <input type="checkbox"/> FTW <input type="checkbox"/> | | | | |
| MEDICAL PAYMENTS | 42 | EACH PERSON \$ | COLLISION | 42 | 46 | \$ | | | |
| | 43 | | | 47 | | | | | |
| | | | | | | | | | |
| UNINSURED MOTORIST | 42 | CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ | TRAILER INTERCHANGE | | | | | | |
| | 43 | | COVERAGES | SYMBOL | # TRAILERS | STATE | # DAYS | RADIUS | DEDUCTIBLE |
| | 45 | | | | | | | | |
| UNDERINSURED MOTORIST | 42 | CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ | COMPREHENSIVE | 48 | | | | | |
| | 43 | | | 49 | | | | | |
| | 45 | | | | | | | | |
| NON-TRUCKERS HIRED/BORROWED | STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$ | COLLISION | 48 | | | | \$ | |
| HIRED/BORROWED LIABILITY | STATES | COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$ | | HIRED PHYSICAL DAMAGE | | | COMP \$ | | |
| | | | | | | | SPEC C OF L \$ | | |
| | | | | | COLL \$ | | | | |
| NON-OWNED AUTO LIABILITY | STATES | GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS | NUMBER OF | | | 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 | CSL | BI EA PER | \$ | COMPREHENSIVE | 62 | 67 | | | | \$ |
| | 62 | 68 | | BI EACH ACCIDENT | \$ | | 63 | 68 | | | | |
| | 63 | 71 | | PROPERTY DAMAGE | \$ | | 64 | | | | | |
| | 64 | | | | | | | | | | | |
| SUPPLEMENTAL AUTO COVERAGES | 65 | | \$ | AUTO DEATH BEN | \$10,000 EA PER | SPECIFIED CAUSES OF LOSS | 62 | 67 | SCL | FT | LSP | \$ |
| | 67 | | TOT DIS- ABIL BEN | \$60 | PER PERSON GAINFUL EMPL | | \$30 | 63 | 68 | F | FTW | |
| | | | | | | COLLISION | 62 | 67 | | | | \$ |
| | | | | | | | 63 | 68 | | | | |
| | | | | | | | 64 | | | | | |
| MEDICAL PAYMENTS | 62 | 64 | | EACH PERSON | \$ | TOWING & LABOR | 63 | | | | | \$ |
| | 63 | 67 | | | | | 67 | | | | | |
| UNINSURED MOTORIST | 62 | 66 | CSL | BI EA PER | \$ | TRAILER INTERCHANGE | | | | | | |
| | 63 | 67 | | BI EACH ACCIDENT | \$ | COVERAGES | SYMBOL | # TRAILERS | STATE | # DAYS | RADIUS | DEDUCTIBLE |
| | 64 | | | PROPERTY DAMAGE | \$ | COMPREHENSIVE | 69 | | | | | |
| UNDERINSURED MOTORIST | 62 | 66 | CSL | BI EA PER | \$ | SPECIFIED CAUSES OF LOSS | 69 | | | | | |
| | 63 | 67 | | BI EACH ACCIDENT | \$ | | 70 | | | | | |
| NON-TRUCKERS HIRED/BORROWED | STATES | | | COST OF HIRE | IF ANY BASIS | COLLISION | 69 | | | | | \$ |
| | | | | \$ | | | 70 | | | | | |
| HIRED/BORROWED LIABILITY | STATES | | | COST OF HIRE | IF ANY BASIS | HIRED PHYSICAL DAMAGE | STATES | # DAYS | # VEH | COVERAGE/DEDUCTIBLE | | |
| | | | | \$ | | | | | | | COMP | \$ |
| NON-OWNED AUTO LIABILITY | STATES | | | GROUP TYPE | NUMBER OF | | | | | | SPEC | \$ |
| | | | | | | | EMPLOYEES | | | | C OF L | \$ |
| | | | | VOLUNTEERS | | | | | | COLL | \$ | |
| | | | | 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 ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT THESE COVERAGES ENTIRELY. _____ (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 | |
|-----------------------|--|-----------------|----------------------|--|