

ACORD™ TENNESSEE 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 3	4 7 8	
MEDICAL PAYMENTS	2 3	4 7	8	EACH PERSON	\$	
UNINSURED/UNDERINSURED MOTORIST	2 3 4	6 7		CSL	BI EA PER \$	
				BI EACH ACCIDENT	\$	
				PROPERTY DAMAGE	DED \$	
HIRED/BORROWED LIABILITY	YES NO	STATES	COST OF HIRE \$	IF ANY BASIS		
NON-OWNED LIABILITY	YES NO	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								
LIABILITY	41	46		COMPREHENSIVE	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
	42	47						BI EA PER \$			
	43	50						BI EACH ACCIDENT \$			
			SPECIFIED CAUSES OF LOSS	42 43	46 47	SCL F	FT FTW	LSP	\$		
			COLLISION	42 43	46 47				\$		
MEDICAL PAYMENTS	42 43	46	EACH PERSON	\$	TOWING & LABOR	46	\$				
UNINSURED/UNDERINSURED MOTORIST	42 43 45	46	CSL	BI EA PER \$	TRAILER INTERCHANGE						
			BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
			PROPERTY DAMAGE	DED \$	COMPREHENSIVE	48 49					
					SPECIFIED CAUSES OF LOSS	48 49					
NON-TRUCKERS HIRED/BORROWED	YES NO	STATES	COST OF HIRE \$	IF ANY BASIS	COLLISION	48 49					\$
HIRED/BORROWED LIABILITY	YES NO	STATES	COST OF HIRE \$	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES NO	STATES	GROUP TYPE	NUMBER OF							
			EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER					OTHER						
			COVERAGE IS:	PRIMARY	SECONDARY						
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						
				COLLISION	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 DED \$	COMPREHENSIVE	69						
					70						
				SPECIFIED CAUSES OF LOSS	69						
					70						
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69						
					70						\$
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE								
			EMPLOYEES	NUMBER OF							
			VOLUNTEERS								
			PARTNERS								
OTHER				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 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 UNINSURED MOTORISTS (UM) BODILY INJURY AND PROPERTY DAMAGE COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BODILY INJURY AND/OR UM PROPERTY DAMAGE COVERAGES ENTIRELY.

1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

3. I REJECT ONLY UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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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