

ACORD™ TEXAS 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 4 9 | CSL BI EA PER \$ | | | |
| | 2 7 | BI EACH ACCIDENT \$ | | | |
| | 3 8 | PROPERTY DAMAGE \$ | | | |
| PERSONAL INJURY PROTECTION | 5 | EACH PERSON \$ | PHYSICAL DAMAGE | | |
| | 7 | AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$ | | | |
| MEDICAL PAYMENTS | 2 4 8 | EACH PERSON \$ | TOWING & LABOR | 3 7 | \$ |
| | 3 7 | | COMPREHENSIVE | 2 4 8 | |
| UNINSURED/UNDERINSURED MOTORIST | 2 6 | CSL BI EA PER \$ | SPECIFIED CAUSES OF LOSS | 3 7 | |
| | 3 7 | BI EACH ACCIDENT \$ | | 2 4 8 | |
| | 4 | PROPERTY DAMAGE \$ DED | COLLISION | 3 7 | |
| HIRED/BORROWED LIABILITY | YES STATES NO | COST OF HIRE \$ IF ANY BASIS | HIRED PHYSICAL DAMAGE | STATES # DAYS # VEH | COVERAGE/DEDUCTIBLE |
| NON-OWNED LIABILITY | YES STATES NO | GROUP TYPE NUMBER OF | | EMPLOYEES VOLUNTEERS PARTNERS | COMP \$ SPEC C OF L \$ COLL \$ |
| 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 | CSL BI EA PER \$ | COMPREHENSIVE | COVERED AUTO SYMBOLS | LIMITS | DEDUCTIBLE |
| | 42 47 | BI EACH ACCIDENT \$ | | | | |
| | 43 50 | PROPERTY DAMAGE \$ | | | | |
| PERSONAL INJURY PROTECTION | 44 | EACH PERSON \$ | SPECIFIED CAUSES OF LOSS | 42 46 | SCL FT LSP | \$ |
| | 46 | AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$ | | 43 47 | F FTW | \$ |
| MEDICAL PAYMENTS | 42 46 | EACH PERSON \$ | TOWING & LABOR | 42 46 | | |
| | 43 | | | 43 47 | | |
| UNINSURED/UNDERINSURED MOTORIST | 42 46 | CSL BI EA PER \$ | TRAILER INTERCHANGE | | | |
| | 43 45 | BI EACH ACCIDENT \$ | COVERAGES | SYMBOL | # TRAILERS | STATE # DAYS RADIUS DEDUCTIBLE |
| | 45 | PROPERTY DAMAGE \$ DED | COMPREHENSIVE | 48 49 | | |
| NON-TRUCKERS HIRED/BORROWED | YES STATES NO | COST OF HIRE \$ IF ANY BASIS | SPECIFIED CAUSES OF LOSS | 48 49 | | |
| | 48 49 | 48 49 | | | | |
| HIRED/BORROWED LIABILITY | YES STATES NO | COST OF HIRE \$ IF ANY BASIS | COLLISION | 48 49 | | \$ |
| NON-OWNED AUTO LIABILITY | YES STATES NO | GROUP TYPE NUMBER OF | HIRED PHYSICAL DAMAGE | STATES # DAYS # VEH | COVERAGE/DEDUCTIBLE | |
| | EMPLOYEES VOLUNTEERS PARTNERS | | | COVERED AUTO SYMBOLS | LIMITS | DEDUCTIBLE |
| OTHER | | | OTHER | | | |
| COVERED AUTO SYMBOLS | | (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 | 68 | | | | | |
| | 64 | | | | | | | | | | | | |
| PERSONAL INJURY PROTECTION | 65 | | EACH PERSON | \$ | SPECIFIED CAUSES OF LOSS | 62 | 67 | SCL | FT | LSP | | \$ | |
| | 67 | | AUTO DEATH INDEMNITY | \$ | | TOTAL DISABILITY | \$ | 63 | 68 | F | | | FTW |
| | | | | | | COLLISION | 62 | 67 | | | | | \$ |
| | | | | | | | 63 | 68 | | | | | |
| | | | | | | | 64 | 68 | | | | | |
| MEDICAL PAYMENTS | 62 | 64 | EACH PERSON | \$ | | TOWING & LABOR | 63 | | | | | \$ | |
| | 63 | 67 | | | | | 67 | | | | | | |
| UNINSURED/UNDERINSURED MOTORIST | 62 | 66 | CSL | 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 | YES | STATES | COST OF HIRE | | IF ANY BASIS | COLLISION | 69 | | | | | | \$ |
| | NO | | \$ | | | | 70 | | | | | | |
| HIRED/BORROWED LIABILITY | YES | STATES | COST OF HIRE | | IF ANY BASIS | HIRED PHYSICAL DAMAGE | STATES | # DAYS | # VEH | | | | |
| | NO | | \$ | | | | | | | | | | |
| NON-OWNED AUTO LIABILITY | | STATES | GROUP TYPE | NUMBER OF | | | COVERAGE IS: | | | PRIMARY | SECONDARY | | |
| | YES | | EMPLOYEES | | | | | | | | | | |
| | NO | | VOLUNTEERS | | | | | | | | | | |
| | | | PARTNERS | | | | | | | | | | |
| OTHER | | | | | | OTHER | | | | | | | |

ENDORSEMENTS

NOTICE OF INSURANCE INFORMATION PRACTICES

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/UNDERINSURED MOTORISTS (UM/UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM/UIM BI AND/OR UM/UIM PD COVERAGES ENTIRELY.

1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (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 | PRODUCER'S SIGNATURE |
|-----------------------|------|----------------------|