

ACORD™ VIRGINIA 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	CSL	BI EA PER	\$		
	2		BI EACH ACCIDENT	\$		
	3		PROPERTY DAMAGE	\$		
PERSONAL INJURY PROTECTION	5		EXT MED EXP	\$		
	7		INCOME LOSS	\$		
PHYSICAL DAMAGE						
			TOWING & LABOR	3	\$	
			COMPREHENSIVE	2	4	
				3	7	
			SPECIFIED CAUSES OF LOSS	2	4	
				3	7	
MEDICAL PAYMENTS	2		EACH PERSON	\$		
	3				\$	
UNINSURED MOTORIST	2	CSL	BI EA PER	\$		
	3		BI EACH ACCIDENT	\$		
	4		PROPERTY DAMAGE	\$		
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE	IF ANY BASIS			
		\$				
NON-OWNED LIABILITY	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	COVERAGE/DEDUCTIBLE	
		EMPLOYEES				COMP \$
		VOLUNTEERS				SPEC C OF L \$
		PARTNERS				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		EXT MED EXP	\$					
	46		INCOME LOSS	\$					
			SPECIFIED CAUSES OF LOSS	42	46	SCL FT LSP \$			
				43	47	F FTW			
			COLLISION	42	46	\$			
				43	47				
MEDICAL PAYMENTS	42		EACH PERSON	\$					
	43				\$				
UNINSURED MOTORIST	42	CSL	BI EA PER	\$					
	43		BI EACH ACCIDENT	\$					
	45		PROPERTY DAMAGE	\$					
TRAILER INTERCHANGE									
			COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
			COMPREHENSIVE	48					
				49					
			SPECIFIED CAUSES OF LOSS	48					
				49					
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	HIRED PHYSICAL DAMAGE	COVERAGE/DEDUCTIBLE				
		EMPLOYEES				COMP \$			
		VOLUNTEERS				SPEC C OF L \$			
		PARTNERS				COLL \$			
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					

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE									
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE						
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											
PERSONAL INJURY PROTECTION	65		EXT MED EXP \$	SPECIFIED CAUSES OF LOSS	62	67	\$	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP		
	67		INCOME LOSS \$		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 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							
			SPECIFIED CAUSES OF LOSS	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					
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE		NUMBER OF				<input type="checkbox"/> COMP \$				
		<input type="checkbox"/> EMPLOYEES						<input type="checkbox"/> SPEC C OF L \$				
		<input type="checkbox"/> VOLUNTEERS						<input type="checkbox"/> COLL \$				
		<input type="checkbox"/> PARTNERS					COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY					
OTHER			OTHER									

ENDORSEMENTS

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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. 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.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

INITIALS OF NAMED INSURED(S)

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 (MM/DD/YY)	PRODUCER'S SIGNATURE
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