

# ACORD™ WASHINGTON 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 \$			
PERSONAL INJURY PROTECTION	5 7	MEDICAL EXPENSE \$ SERVICE LOSS \$ INCOME CONTIN \$ FUNERAL EXPENSE \$	<b>PHYSICAL DAMAGE</b>		
			TOWING & LABOR	3 7	\$
ADD'L PERSONAL INJURY PROTECTION	5 7	\$	COMPREHENSIVE	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
	3 7				
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8 3 7	
	3 7	BI EACH ACCIDENT \$	AUTO LOAN	2 4 8 3 7	\$
	4	PROPERTY DAMAGE \$			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			
		EMPLOYEES VOLUNTEERS PARTNERS			
			COVERAGE IS:		PRIMARY SECONDARY
<b>COVERED AUTO SYMBOLS</b>	(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	42 46		\$
	42 47	BI EACH ACCIDENT \$		43 47		
	43 50	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	42 46 SCL FT LSP 43 47 F FTW		\$
PERSONAL INJURY PROTECTION	44 46	MEDICAL EXPENSE \$ SERVICE LOSS \$ INCOME CONTIN \$ FUNERAL EXPENSE \$	COLLISION	42 46 43 47		\$
ADD'L PERSONAL INJURY PROTECTION	44 46	\$	TOWING & LABOR	46	\$	
MEDICAL PAYMENTS	42 46	EACH PERSON \$	AUTO LOAN	42 43 46 47	\$	\$
	43					
			<b>TRAILER INTERCHANGE</b>			
			COMPREHENSIVE	48 49		
UNDERINSURED MOTORIST	42 46 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49		\$
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF				
		EMPLOYEES VOLUNTEERS PARTNERS				
			COVERAGE IS:		PRIMARY SECONDARY	
OTHER			OTHER			
<b>COVERED AUTO SYMBOLS</b>	(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											
PERSONAL INJURY PROTECTION	65		MEDICAL EXPENSE	\$	SERVICE LOSS	\$	62	67	SCL	FT	LSP	\$
	67		INCOME CONTIN	\$	FUNERAL EXPENSE	\$	63	68	F	FTW		
ADD'L PERSONAL INJURY PROTECTION	65		\$			COLLISION	62	67				\$
	67						63	68				
MEDICAL PAYMENTS	62	64	EACH PERSON	\$		TOWING & LABOR	63	67				
	63	67				AUTO LOAN	62	63	64	67	68	\$
						<b>TRAILER INTERCHANGE</b>						
						<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>STATE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>
UNDERINSURED MOTORIST		62 66		CSL BI EA PER \$		COMPREHENSIVE	69					
							70					
NON-TRUCKERS HIRED/BORROWED		YES STATES		COST OF HIRE IF ANY BASIS		COLLISION	69					\$
							70					
HIRED/BORROWED LIABILITY		YES STATES		COST OF HIRE IF ANY BASIS		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY		STATES		GROUP TYPE			NUMBER OF					
									EMPLOYEES			
									VOLUNTEERS			
				PARTNERS								
OTHER						OTHER						
<p><b>COVERED AUTO SYMBOLS</b></p> <p>(61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY</p> <p>(64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</p> <p>(67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</p> <p>(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY</p>												

**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.

UNDERINSURED MOTORISTS COVERAGE STATEMENT: I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.

1. I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE \_\_\_\_\_ (INITIALS) 3. I HAVE REJECTED UIM BI COVERAGE \_\_\_\_\_ (INITIALS)

2. I HAVE SELECTED UIM LIMITS LOWER THAN MY BI AND PD COVERAGE \_\_\_\_\_ (INITIALS) 4. I HAVE REJECTED UIM PD COVERAGE \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN OFFERED TO ME. IF NO LIMITS ARE ENTERED ON THE APPLICATION, I HAVE REJECTED THIS COVERAGE.

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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