



WEST 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	4			CSL <input type="checkbox"/> BI EA PER \$	
	2	7				BI EACH ACCIDENT \$
	3	8				PROPERTY DAMAGE \$
PHYSICAL DAMAGE						
			TOWING & LABOR	3	\$	
			COMPREHENSIVE	2	4	
				3	7	8
MEDICAL PAYMENTS	2	4	SPECIFIED CAUSES OF LOSS	2	4	
	3	7		3	7	8
UNINSURED MOTORIST	2	6			CSL <input type="checkbox"/> BI EA PER \$	
	3	7				BI EACH ACCIDENT \$
	4					PROPERTY DAMAGE \$
UNDERINSURED MOTORIST	2	6			CSL <input type="checkbox"/> BI EA PER \$	
	3	7				BI EACH ACCIDENT \$
	4					PROPERTY DAMAGE \$
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$			IF ANY BASIS	
NON-OWNED LIABILITY	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE		NUMBER OF	
		EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
			STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
						<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> 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													
	42	47					COMPREHENSIVE	42	46	\$					
	43	50					PROPERTY DAMAGE \$	43	47	\$					
			SPECIFIED CAUSES OF LOSS	42	46	SCL	FT	LSP	\$						
				43	47	F	FTW		\$						
			COLLISION	42	46				\$						
				43	47				\$						
MEDICAL PAYMENTS	42	46	TOWING & LABOR	46					\$						
UNINSURED MOTORIST	42	46				TRAILER INTERCHANGE									
	43					COMPREHENSIVE	48								
	45					PROPERTY DAMAGE \$	49								
UNDERINSURED MOTORIST	42	46													
	43									BI EACH ACCIDENT \$	48				
	45									PROPERTY DAMAGE \$	49				
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$	COLLISION	48					\$						
				49					\$						
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$			STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE							
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE												
		EMPLOYEES													
		VOLUNTEERS													
		PARTNERS													
			COVERAGE IS:		PRIMARY	SECONDARY									
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								
			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										
			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 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						
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		70						
	63	67	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69						
	64		PROPERTY DAMAGE \$		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:		PRIMARY	SECONDARY				
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 FRAUDULENTLY OBTAIN INSURANCE 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 THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE, OR THE SELECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGE OR REJECTION OF UNDERINSURED MOTORISTS COVERAGE 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
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