

# ACORD™ WYOMING 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			<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$		
	2	7					
	3	8					
<b>PHYSICAL DAMAGE</b>							
			TOWING & LABOR	3	\$		
			COMPREHENSIVE	2	4		
				3	7		
MEDICAL PAYMENTS	2	4	SPECIFIED CAUSES OF LOSS	2	4		
	3	7		3	7		
UNINSURED MOTORIST	2	6	COLLISION	2	4		
	3	7		3	7		
	4						
UNDERINSURED MOTORIST	2	6			<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$		
	3	7					
	4						
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	STATES	GROUP TYPE		NUMBER OF	<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$		
		EMPLOYEES					
		VOLUNTEERS					
		PARTNERS					
				COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> 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	COMPREHENSIVE	42	46	SCL	FT	LSP
	42	47						
	43	50						
			SPECIFIED CAUSES OF LOSS	42	46	F	FTW	\$
				43	47			
			COLLISION	42	46			\$
				43	47			
MEDICAL PAYMENTS	42	46	TOWING & LABOR	46	\$			
UNINSURED MOTORIST	42	46	COMPREHENSIVE	48				
	43							
	45							
UNDERINSURED MOTORIST	42	46	SPECIFIED CAUSES OF LOSS	48				
	43							
	45							
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	48				\$
				49				
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"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$			
		EMPLOYEES						
		VOLUNTEERS						
		PARTNERS						
				COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
OTHER			OTHER					
<b>COVERED AUTO SYMBOLS</b>	(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											
						SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
							63	68	F	FTW		
							64					
						COLLISION	62	67				\$
							63	68				
							64					
MEDICAL PAYMENTS	62	64		EACH PERSON	\$	TOWING & LABOR	63					\$
	63	67					67					
UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE						
	63	67		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64					COMPREHENSIVE	69					
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$		70					
	63	67		BI EACH ACCIDENT	\$	SPECIFIED CAUSES OF LOSS	69					
	64						70					
NON-TRUCKERS HIRED/BORROWED	STATES			COST OF HIRE	IF ANY BASIS	COLLISION	69					\$
				\$			70					
HIRED/BORROWED LIABILITY	STATES			COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE		
				\$							COMP	\$
											SPEC C OF L	\$
NON-OWNED AUTO LIABILITY	STATES			GROUP TYPE	NUMBER OF						COLL	\$
				EMPLOYEES								
				VOLUNTEERS								
				PARTNERS								
OTHER						OTHER				COVERAGE IS:	PRIMARY	SECONDARY

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY

(64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED AUTOS ONLY

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

I UNDERSTAND THAT THE AUTOMOBILE INSURANCE THAT I AM BUYING INCLUDES AN AMENDMENT WHICH STATES THAT IF I HAVE A LOSS TO A VEHICLE AND AM PAID FOR THAT LOSS BUT DON'T ACTUALLY REPAIR THE VEHICLE, ANY SUBSEQUENT LOSSES WILL BE PAID WITH THE COST OF THE DAMAGE ASSOCIATED WITH PRIOR LOSSES BEING DEDUCTED.

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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