



AGENCY CUSTOMER ID: \_\_\_\_\_

**KANSAS COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**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	STATUTORY LIMITS	PHYSICAL DAMAGE		
	7		TOWING & LABOR	3 7	\$
ADDITIONAL P.I.P.	5	OPTION 1	COMP / OTC	2 4 8	
	7	OPTION 2		3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4				
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
	NO	\$			COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE	PARTNERS	COVERAGE IS:	PRIMARY SECONDARY
	NO	EMPLOYEES			
		VOLUNTEERS			
<b>COVERED AUTO SYMBOLS</b>	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY		

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**SIGNATURE**

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (IN THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)

I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE EQUAL TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT. \_\_\_\_\_ (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	NATIONAL PRODUCER NUMBER
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**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	42 <input type="checkbox"/> 47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>					
	43 <input type="checkbox"/> 50 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>					
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	STATUTORY LIMITS	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$			
	46 <input type="checkbox"/>	OPTION 1		43 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>				
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	OPTION 2		46 <input type="checkbox"/>					
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	43 <input type="checkbox"/>			43 <input type="checkbox"/>					
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$		46 <input type="checkbox"/>					
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	TOWING & LABOR	46 <input type="checkbox"/>		\$			
	45 <input type="checkbox"/>								
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COMP / OTC	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>	\$		49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
	NO <input type="checkbox"/>	\$		49 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> STATES	GROUP TYPE	COLLISION	48 <input type="checkbox"/>					\$
	NO <input type="checkbox"/>	NUMBER OF		49 <input type="checkbox"/>					
		EMPLOYEES	TRAILER VALUE	\$					
		VOLUNTEERS		STATES	# DAYS	# VEH			
		PARTNERS							
OTHER			HIRED PHYSICAL DAMAGE						
			OTHER				COVERAGE IS:	PRIMARY	SECONDARY

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (47) HIRED AUTOS ONLY (50) NON-OWNED AUTOS ONLY  
 (43) OWNED COMMERCIAL AUTOS ONLY

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (IN THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)

I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE EQUAL TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT. \_\_\_\_\_ (INITIALS)

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**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	61	67	CSL	BI EA PER	\$				
	62	68	BI EACH ACCIDENT		\$				
	63	71	PROPERTY DAMAGE		\$				
	64								
PERSONAL INJURY PROTECTION	65		STATUTORY LIMITS						
	67								
ADDITIONAL P.I.P.	65	OPTION 1							
	67	OPTION 2							
MEDICAL PAYMENTS	62	64	EACH PERSON	\$					
	63	67							
UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$				
	63	67	BI EACH ACCIDENT		\$				
	64								
			<b>TRAILER INTERCHANGE</b>						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
			COMP / OTC	69					
				70					
			SPECIFIED CAUSES OF LOSS	69					
				70					
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS				
	NO		\$						\$
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS				
	NO		\$						
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		NUMBER OF				
	NO		EMPLOYEES						
			VOLUNTEERS						
		PARTNERS							
OTHER									
			COVERAGE IS:			PRIMARY		SECONDARY	
			OTHER						

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

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