



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

**SOUTH DAKOTA 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 \$			
SUPPLEMENTAL AUTO COVERAGES	2	AUTO DEATH BEN \$10,000 EA PER	<b>PHYSICAL DAMAGE</b>		
	7	TOTAL DISABILITY BENEFITS			
		\$60 PER PERSON GAINFULLY EMPL \$30 PER PERS - NOT GAINFULLY EMPL	TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 3 7 8	
MEDICAL PAYMENTS	2 4 3 7 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 3 7 8	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 3 7 8	
	3 7	BI EACH ACCIDENT \$			
	4				
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	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			
	NO	EMPLOYEES	NUMBER OF		
		VOLUNTEERS			
		PARTNERS			
<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	COVERAGE IS:	PRIMARY	SECONDARY
		(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)****SIGNATURE**

I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)

2. I REJECT THESE COVERAGES ENTIRELY. \_\_\_\_\_ (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
-----------------------	------	----------------------	--------------------------

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	41	46	CSL	BI EA PER \$		
	42	47		BI EACH ACCIDENT \$		
	43	50		PROPERTY DAMAGE \$		
SUPPLEMENTAL AUTO COVERAGES	44			AUTO DEATH BEN \$10,000 EA PER		
	46			TOTAL DISABILITY BENEFITS		
				\$60 PER PERSON GAINFULLY EMPL		\$30 PER PERS - NOT GAINFULLY EMPL
MEDICAL PAYMENTS	42	46		EACH PERSON \$		
	43					
	45					
UNINSURED MOTORIST	42	46	CSL	BI EA PER \$		
	43			BI EACH ACCIDENT \$		
	45					
UNDERINSURED MOTORIST	42	46	CSL	BI EA PER \$		
	43			BI EACH ACCIDENT \$		
	45					
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	TRAILER VALUE	\$
	NO		EMPLOYEES		STATES	# DAYS
			VOLUNTEERS			# VEH
OTHER			PARTNERS			
					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

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

**SIGNATURE**

I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)

2. I REJECT THESE COVERAGES ENTIRELY. \_\_\_\_\_ (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
-----------------------	------	----------------------	--------------------------

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
					COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	61	67	CSL	BI EA PER \$	COMP / OTC	62	67		\$		
	62	68		BI EACH ACCIDENT \$		63	68				
	63	71		PROPERTY DAMAGE \$		64					
	64										
SUPPLEMENTAL AUTO COVERAGES	65			AUTO DEATH BEN \$10,000 EA PER	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67			TOTAL DISABILITY BENEFITS		63	68	F	FTW		
			\$60 PER PERSON GAINFULLY EMPL	\$30 PER PERS - NOT GAINFULLY EMPL		64					
						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	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$	COMP / OTC	69					
	63	67		BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	70					
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE IF ANY BASIS	COLLISION	69					\$
	NO			\$		70					
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE IF ANY BASIS	TRAILER VALUE	\$					
	NO			\$			STATES	# DAYS	# VEH		
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE						
	NO		EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER					OTHER		COVERAGE IS:		PRIMARY		SECONDARY

**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

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

**SIGNATURE**

I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)

2. I REJECT THESE COVERAGES ENTIRELY. \_\_\_\_\_ (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
-----------------------	------	----------------------	--------------------------