



AGENCY CUSTOMER ID: _____

TEXAS 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	CSL			BI EA PER \$
	2				BI EACH ACCIDENT \$
	3				PROPERTY DAMAGE \$
PERSONAL INJURY PROTECTION	2				EACH PERSON \$
	7				AUTO DEATH INDEMNITY \$
					TOTAL DISABILITY \$
			PHYSICAL DAMAGE		
			TOWING & LABOR	3	\$
			COMP / OTC	2, 3, 4, 7, 8	
MEDICAL PAYMENTS	2, 3		SPECIFIED CAUSES OF LOSS	2, 3, 4, 7, 8	
UNINSURED / UNDERINSURED MOTORIST	1	CSL			BI EA PER \$
	2				BI EACH ACCIDENT \$
	3				PD EAACC \$ \$ DED
HIRED / BORROWED LIABILITY	YES / NO	STATES	COST OF HIRE \$		IF ANY BASIS
NON-OWNED LIABILITY	YES / NO	STATES	GROUP TYPE		NUMBER OF
			EMPLOYEES		
			VOLUNTEERS		
			PARTNERS		
			HIRED PHYSICAL DAMAGE		
			COVERAGE IS:	PRIMARY	SECONDARY
COVERED AUTO SYMBOLS	(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)

SIGNATURE

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED / UNDERINSURED MOTORISTS (UM / UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM / UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM / UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM / UIM BI AND/OR UM / UIM PD COVERAGES ENTIRELY.

1. I SELECT UM / UIM BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

3. I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (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	BI EA PER \$	COMP / OTC	42			
	42	BI EACH ACCIDENT \$		43			47
	43	PROPERTY DAMAGE \$		46			
PERSONAL INJURY PROTECTION	42	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	42	47	SCL FT LSP	
	46	AUTO DEATH INDEMNITY \$		43		F FTW	
		TOTAL DISABILITY \$		46			
MEDICAL PAYMENTS	42	EACH PERSON \$	COLLISION	42	47		
	43			43			
UNINSURED / UNDERINSURED MOTORIST	41	BI EA PER \$	TOWING & LABOR	46		\$	
	42	BI EACH ACCIDENT \$					
	43	PD EAACC \$ \$ DED					
TRAILER INTERCHANGE							
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
COMP / OTC	48						
	49						
SPECIFIED CAUSES OF LOSS	48						
	49						
COLLISION	48					\$	
	49						
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF				
	NO	EMPLOYEES					
		VOLUNTEERS					
OTHER		PARTNERS					
			TRAILER VALUE	\$			
			STATES	# DAYS	# VEH		
			COVERAGE IS:		PRIMARY	SECONDARY	
			OTHER				

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 UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED / UNDERINSURED MOTORISTS (UM / UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM / UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM / UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM / UIM BI AND/OR UM / UIM PD COVERAGES ENTIRELY.

1. I SELECT UM / UIM BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

3. I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (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															
PERSONAL INJURY PROTECTION	62				EACH PERSON	\$	SPECIFIED CAUSES OF LOSS	62		67	SCL		FT		LSP	
	67				AUTO DEATH INDEMNITY	\$		63		68	F		FTW			
					TOTAL DISABILITY	\$		64								
							COLLISION	62		67						
								63		68						
								64								
MEDICAL PAYMENTS	62		64		EACH PERSON	\$	TOWING & LABOR	63								
	63		67					67								
UNINSURED / UNDERINSURED MOTORIST	61		64	CSL	BI EA PER	\$	TRAILER INTERCHANGE									
	62		67		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE			
	63				PD EAACC	\$	COMP / OTC	69								
								70								
NON-TRUCKERS HIRED / BORROWED	YES	STATES			COST OF HIRE		COLLISION	69								
	NO					IF ANY BASIS		70								
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES			COST OF HIRE		TRAILER VALUE	\$								
	NO					IF ANY BASIS			STATES	# DAYS	# VEH					
NON-OWNED AUTO LIABILITY	YES	STATES			GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE									
	NO				EMPLOYEES											
						VOLUNTEERS										
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 UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED / UNDERINSURED MOTORISTS (UM / UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM / UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM / UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM / UIM BI AND/OR UM / UIM PD COVERAGES ENTIRELY.

1. I SELECT UM / UIM BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

3. I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (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
-----------------------	------	----------------------	--------------------------