



AGENCY CUSTOMER ID: _____

**VERMONT 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 \$						
			PHYSICAL DAMAGE					
			TOWING & LABOR	3 7	\$			
			COMP / OTC	2 4 8 3 7				
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7				
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8 3 7				
	3 7	BI EACH ACCIDENT \$						
	4	PROPERTY DAMAGE \$ \$ DED						
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE	
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE		NUMBER OF				COMP \$ SPEC C OF L \$ COLL \$
		EMPLOYEES						
		VOLUNTEERS						
		PARTNERS						
		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 ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME, AND THAT I HAVE BEEN OFFERED UM COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.			
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	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41	46	COMP / OTC	42	BI EACH ACCIDENT \$	\$			
	42	47		43					
	43	50		46					
			SPECIFIED CAUSES OF LOSS	42	SCL FT LSP	\$			
				43					
				46					
MEDICAL PAYMENTS	42	46	COLLISION	42	EACH PERSON \$	\$			
	43			43					
UNINSURED MOTORIST	42	46	TOWING & LABOR	42	BI EACH ACCIDENT \$	\$			
	43			43					
	45			46					
			TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE	COMP / OTC	48					
	NO	IF ANY BASIS		49					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE	SPECIFIED CAUSES OF LOSS	48					
	NO	IF ANY BASIS		49					
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	COLLISION	48					\$
	NO	EMPLOYEES		49					
		VOLUNTEERS							
OTHER		PARTNERS	TRAILER VALUE	\$					
			HIRED PHYSICAL DAMAGE	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

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MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE							
	61	62	63	67	68	69	70	71	72	73	74	75	76
LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL	BI EA PER \$	COMP / OTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE \$	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW	<input type="checkbox"/>
						COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64	EACH PERSON \$	TOWING & LABOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
UNINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66	CSL BI EA PER \$	TRAILER INTERCHANGE							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PROPERTY DAMAGE \$	COMP / OTC	69						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SPECIFIED CAUSES OF LOSS	70						
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/>	YES	STATES		COST OF HIRE								
	<input type="checkbox"/>	NO											
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES		COST OF HIRE								
	<input type="checkbox"/>	NO											
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES		GROUP TYPE								
	<input type="checkbox"/>	NO			EMPLOYEES								
	<input type="checkbox"/>				VOLUNTEERS								
OTHER													

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