



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

# TEXAS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	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	2	EACH PERSON \$	<b>PHYSICAL DAMAGE</b>		
	7	AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$	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/ UNDERINSURED MOTORIST	1 4	CSL BI EA PER \$	COLLISION	2 4 8	
	2 7	BI EACH ACCIDENT \$		3 7	
	3	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 EMPLOYEES VOLUNTEERS PARTNERS			COMP \$ SPEC C OF L \$ COLL \$
			COVERAGE IS: PRIMARY 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		

**ENDORSEMENTS / REMARKS**

**TRUCKERS SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE								
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE		
LIABILITY	41	46	CSL	BI EA PER \$	COMP / OTC	42	46						\$
	42	47	BI EACH ACCIDENT \$			43	47						
	43	50	PROPERTY DAMAGE \$										
PERSONAL INJURY PROTECTION	42		EACH PERSON	\$	SPECIFIED CAUSES OF LOSS	42	46	SCL	FT	LSP		\$	
	46		AUTO DEATH INDEMNITY \$	TOTAL DISABILITY \$		43	47	F	FTW				
					COLLISION	42	46					\$	
						43	47						
MEDICAL PAYMENTS	42	46	EACH PERSON	\$	TOWING & LABOR	46							\$
	43												
UNINSURED/ UNDERINSURED MOTORIST	41	46	CSL	BI EA PER \$	TRAILER INTERCHANGE								
	42		BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
	43		PROPERTY DAMAGE \$ DED		COMP / OTC	48							
						49							
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	COLLISION	48							\$
	NO		\$			49							
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH					
	NO		\$										
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	OTHER	COVERAGE IS:			PRIMARY	SECONDARY			
	NO		EMPLOYEES										
			VOLUNTEERS										
			PARTNERS										
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**

**MOTOR CARRIER SECTION**

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

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	62		EACH PERSON		\$	
	67		AUTO DEATH INDEMNITY	\$	TOTAL DISABILITY \$	
			COLLISION	62	67	
				63	68	
				64		
MEDICAL PAYMENTS	62	64	EACH PERSON		\$	
	63	67				
UNINSURED/UNDERINSURED MOTORIST	61	64	CSL	BI	EA PER \$	
	62	67	BI EACH ACCIDENT		\$	
	63		PROPERTY DAMAGE	\$	DED	
<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						
<b>COVERED AUTO SYMBOLS</b>						
(61) ANY AUTO			(64) OWNED COMMERCIAL AUTOS ONLY		(67) SPECIFICALLY DESCRIBED AUTOS	
(62) OWNED AUTOS ONLY			(65) OWNED AUTOS SUBJECT TO NO-FAULT		(68) HIRED 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	
					(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT	
					(71) NON-OWNED AUTOS ONLY	

**ENDORSEMENTS / REMARKS**

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, AND SUBSEQUENT RENEWALS. 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. 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 INSTRUCTIONS 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 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 UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)
2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)
3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS 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
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