

ACORD CALIFORNIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1	CSL	BI EA PER	9	\$	
	2		BI EACH ACCIDENT		\$	
	3		PROPERTY DAMAGE		\$	
PHYSICAL DAMAGE						
			TOWING & LABOR	3	\$	
			COMPREHENSIVE	2, 3, 4, 7, 8		
MEDICAL PAYMENTS	2, 3, 4, 7, 8	EACH PERSON	SPECIFIED CAUSES OF LOSS	2, 3, 4, 7, 8	\$	
UNINSURED MOTORIST	2	CSL	COLLISION	2	\$	
	3		WAIVER OF DEDUCTIBLE	3	\$	
	4				\$	
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	STATES	# DAYS	# VEH	
NON-OWNED LIABILITY	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE	COVERAGE/DEDUCTIBLE	<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$	
		EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY						
COVERED AUTO SYMBOLS	(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			

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
LIABILITY	41	CSL	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	42		COMPREHENSIVE	42, 43, 46, 47		\$
	43		SPECIFIED CAUSES OF LOSS	42, 43, 46, 47	SCL, FT, LSP, F, FTW	\$
			COLLISION	42, 43, 46, 47		\$
MEDICAL PAYMENTS	42, 43, 46	EACH PERSON	TOWING & LABOR	46	\$	
UNINSURED MOTORIST	42	CSL	TRAILER INTERCHANGE			
	43		COVERAGES	SYMBOL	# TRAILERS	STATE
	45		COMPREHENSIVE	48, 49	# DAYS	RADIUS
			SPECIFIED CAUSES OF LOSS	48, 49		DEDUCTIBLE
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$	COLLISION	48, 49		\$
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE	COVERAGE/DEDUCTIBLE	<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$	
		EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY						
OTHER			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		

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62	68	BI EACH ACCIDENT \$		COMPREHENSIVE	62			67	
	63	71	PROPERTY DAMAGE \$			63			68	
	64					64				
			SPECIFIED CAUSES OF LOSS	62		67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$		
				63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
				64						
				COLLISION	62	67	\$			
			63		68					
			64							
			<input type="checkbox"/> WAIVER OF DEDUCTIBLE							
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$			
	63	67			67					
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64		PROPERTY DAMAGE \$	COMPREHENSIVE	69					
					70					
			SPECIFIED CAUSES OF LOSS		69					
					70					
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69						\$
			<input type="checkbox"/> WAIVER OF DEDUCTIBLE	70						
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE			
				<input type="checkbox"/> COMP \$				<input type="checkbox"/> SPEC C OF L \$		
				<input type="checkbox"/> COLL \$						
NON-OWNED AUTO LIABILITY	STATES	GROUP TYPE	NUMBER OF	COVERAGE IS:						
		<input type="checkbox"/> EMPLOYEES					PRIMARY	SECONDARY		
		<input type="checkbox"/> VOLUNTEERS								
		<input type="checkbox"/> PARTNERS								
OTHER			OTHER							

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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 WITHOUT YOUR AUTHORIZATION. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA PERSONAL AUTO SUPPLEMENT.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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	
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