

AGENCY CUSTOMER ID:

DATE (MM/DD/YYYY)

COLORADO COMMERCIAL AUTO COVERAGES / LIMITS SECTION

AGENCY

NAMED INSURED(S)

POLICY NUMBER									EFFECTIVE DATE				CARRIE	R					IC CODE								
BUSINESS AUTO SECTION																						_					
COVERAGES COVERED AUTO SYMBOLS										L	IMITS	;		cov	RAGE	cov	ERE	D AUT	SY	MBOL	s	LI	мітѕ		_		
	1 4 9 CSL								CSL BI EA PER \$																		
LIABILITY 2 7 BI EACH ACCI 3 8 PROPERTY D/									CH ACCIDENT \$ ERTY DAMAGE \$														_				
											PHYSICAL D								AGE								
										TOWING			3														
														& LABOR 7									\$				
															COMP / OTC 2 3						· +	8					
MEDICAL PAYMENTS		2 4 8 EACH PERSON								DN \$					SPECIFIED 2 CAUSES OF LOSS 3					4 8							
UNINSURED		2		6		-			BI EAPER \$						COLLISION 23						+ ,	8					
MOTORIST 3 7 BI EACH ACC 4 PROPERTY D										\$ \$							5				_						
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HIRED / BORROWED		YE	S	ST	ATES	;	COST	T OF HI	IRE			IF ANY BAS	SIS				STATE	S # DAYS			# VEH			COVERAGE / DEDUCTIBLE			
LIABILITY		NO					\$			_													COMP \$;			
NON-OWNED LIABILITY		YE	S	ST	ATES	;	GRO	UP TYP	°Е		NUMBER OF			OF	HIRED									SPEC C OF L	5		
		NO				ŀ		EMPLO	VEES					-	PHYSICA									COLL			
						ŀ									DAMAGE								F				
						ŀ		VOLUN		5					-									1	<u> </u>		_
COVERED (1) ANY AUTO							-				<u>, тц</u>						IS:		(7) 80		RIMARY FICALLY DESCR						
COVERED (1) ANY AUTO AUTO (2) OWNED AUTOS ONLY SYMBOLS (3) OWNED PRIVATE PASSENGER AUTOS ONLY								(5)	(4) OWNED AUTOS OTHER THAN PRIVATION(5) OWNED AUTOS SUBJECT TO NO-FAU(6) OWNED AUTOS SUBJECT TO A COMMISSION						ULT (8) HIR								AUTOS ONLY		40103		
ENDORSEMENT	'S / I	RE	MAR	KS	(AC	OR	D 10	1, Ad	lditic	onal F	Rem	arks Scł	ned	ule, ma	ay be att	ache	ed if m	nore	spa	ace i	s re	quir	ed)				
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OF DEFRAUDING																											
DAMAGES. ANY																											
OR INFORMATION											-			-													
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I UNDERSTAND T RENEWALS, CON																ANY S	STATE	SUP	PLE	MEN	T WI	ILL A	PPL	LY TO ALL FU	TURE	E POLICY	
APPLICANT'S SIGNATU	JRE						_	_	D	ATE			PRO	DUCER'S	SIGNATUR	RE								NATIONAL PR	ODUC	ER NUMBE	R
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Attach to ACORD 127 and/or 132

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AGENCY CUSTOMER ID:

TRUCKERS SECTION											1	-									
COVERAGES	cov	ERED	D A U	JTO S	YMBOLS	COVERED									Æ						
		41		46]	CSL		COVERA	GES	A	COVI UTO S	DEDUCTIBLE								
LIABILITY		42		47		BIE	ACH ACCID			42		47									
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		40		40		+								-	46		T				
MEDICAL PAYMENTS		42		46		EAC	CH PERSON		\$			COLLISION		<u> </u>	42	-	47				
FATMENTS		43		+		+-	<u> </u>	COLLISION			43						\$				
UNINSURED		42		46		\vdash	CSL				46										
MOTORIST		43					EACH ACCID		\$			TOWING			46			\$			
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NON-TRUCKERS	YES STATES						COST OF HIRE IF ANY BASIS								49						
HIRED / BORROWED	NO					\$		-				SPECIFIED			48	T					
TRUCKERS		YES		ST	ATES	CO	ST OF HIRE			IF ANY BASIS		CAUSES OF	LOSS		49						
HIRED / BORROWED LIABILITY		NO				\$		L						<u> </u>	48			1			
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NON-OWNED		NO						- Q	[110	IN OI	TRAILER VA	LUE	\$	70						
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COVERED AUTO SYM	BOLS						VNED AUTOS					CIFICALLY DE		D AU	ITOS		(49)				SSESSION OF
(41) ANY AUTO (42) OWNED AUTOS (ONLY				(4		VNED AUTOS			A		ED AUTOS ON ILERS IN YOU		ESSI	ON UN	IDER				KER UNDEF GREEMEN	R A TRAILER F
(43) OWNED COMME		AUT	os c	ONLY			DTORIST LAW					RAILER INTER					(50)			TOS ONLY	
ENDORSEMENT	S/R	REM	AR	KS	(ACO	<u>RD 1</u>	01, Addit	tional R	em	arks Sche	dule, ma	ay be attac	ched if	f mo	ore s	pace	is re	quired	(k		
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IT IS UNLAWFUL OF DEFRAUDING DAMAGES. ANY OR INFORMATION WITH REGARD TO WITHIN THE DEPA	OR INSUI I TO J D A S	ATT RAN A PC SETT	EM CE DLIC	IPTIN CON CYHC MEN	NG TO MPANY OLDER (IT OR A'	DEFF OR A OR C WAR	Raud The Gent of Laimant F D Payabl	E COMPA AN INSU FOR THE E FROM	ANY. JRAN PU	. PENALTI NCE COMPA RPOSE OF	es may Any who Defraui	INCLUDE I KNOWING DING OR AT	MPRIS	onn ovie ting	/ENT, DES F G TO E	FINI ALSE DEFR	ES, D E, INC(AUD T	enial Omple The Po	OF INS TE, OR LICYHO	URANCE MISLEAD LDER OR	AND CIVIL ING FACTS CLAIMANT
I HAVE HAD UNIN AVAILABLE UP TO	MY	BOD	NLY	' INJU	URY LIA	BILIT	Y LIMITS.	I ALSO L	UND	ERSTAND	THAT THIS	S COVERAG	GE MAN	Y BE	REJE	CTE	D ENT	IRELY.			
FURTHERMORE, I THAT THIS COVER	RAGE	E DO	ES	NOT	F APPLY	' UNL	ESS I HAV	'E SELEC	CTEE	D A DEDUC	TIBLE OP										
I REJECT UNINSU	IRED	MO	TOF	RIST	S BODII	∟Y IN	JURY CO	/ERAGE	IN I	TS ENTIRE	TY		(INITIA	ALS)							

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			

AGENCY CUSTOMER ID:

MOTOR CARRIE	:R 8	SEC		N								1										
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MEDICAL		62		64		FAC			\$			TOWING			63			¢				
PAYMENTS		63		67		EAC	H PERSON					& LABOR		67				\$				
		62		66			CSL	BI EA PEF	\$							TRAIL	ER INT	ERCHAN	IGE			
UNINSURED		63		67		BIE			\$			COVERA	GES	SYN	IBOL	# TR	DEDUCTIBLE					
MOTORIST		64		1		PRO	PERTY DA	MAGE	\$						69							
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NON-TRUCKERS HIRED / BORROWED				AIE3		T OF HIRE			IF ANY BAS	IS	COLLISION			69						\$		
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(62) OWNED AUTOS				~	(6)	6) OW	NED AUTO	S SUBJEC	т то	A COMPUL	- (69) TRA	AILERS IN YOU	IR POSS				(74)	INTERC	HANGE AC	GREEMEN		
(63) OWNED PRIVATE							RY UNINSU	-				RAILER INTER					. ,		VNED AUT	OS ONLY		
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RENEWALS, CON																						
APPLICANT'S SIGNATI	JRE							DATE			PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER	