



AGENCY CUSTOMER ID: _____

**ILLINOIS 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 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 6 9	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4 8	PROPERTY DAMAGE \$		3 7	
UNDERINSURED MOTORIST	2 6 9	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4 8				
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NO					COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE			
NO		EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
		NUMBER OF			
COVERED	(1) ANY AUTO	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY	COVERAGE IS:		PRIMARY SECONDARY
AUTO	(2) OWNED AUTOS ONLY	(5) OWNED AUTOS SUBJECT TO NO-FAULT			
SYMBOLS	(3) OWNED PRIVATE PASSENGER AUTOS ONLY	(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)

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SIGNATURE

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED / UNDERINSURED (UM / UIM) MOTORISTS BODILY INJURY (BI) COVERAGE UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE, AND UM PROPERTY DAMAGE COVERAGE AS APPLICABLE. I HAVE SELECTED THE LIMITS INDICATED HERE AND IN THE STATE SUPPLEMENT, ACORD 61 IL.

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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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$							
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$							
			COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$				
			SPECIFIED CAUSES OF LOSS	43 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP F <input type="checkbox"/> FTW	\$				
				46 <input type="checkbox"/>						
				42 <input type="checkbox"/>			47 <input type="checkbox"/>	\$		
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	43 <input type="checkbox"/>	COLLISION	\$				
UNINSURED MOTORIST	43 <input type="checkbox"/>	47 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	46 <input type="checkbox"/>	TOWING & LABOR		\$			
	45 <input type="checkbox"/>	50 <input type="checkbox"/>	BI EACH ACCIDENT \$							
	45 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$							
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	43 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45 <input type="checkbox"/>	50 <input type="checkbox"/>		COMP / OTC	48 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	49 <input type="checkbox"/>						
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	NO <input type="checkbox"/>	STATES	GROUP TYPE	49 <input type="checkbox"/>						\$
			EMPLOYEES	NUMBER OF	COLLISION	48 <input type="checkbox"/>				
			VOLUNTEERS		49 <input type="checkbox"/>					
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)

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

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 \$		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																	
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	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE												
	64	68	PROPERTY DAMAGE \$	COMP / OTC	69																	
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		70																	
	63	67	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69																	
	64	68			70																	
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69					\$												
	NO				70																	
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE	\$																	
	NO					STATES	# DAYS	# VEH														
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE																		
			NUMBER OF																			
			EMPLOYEES																			
			VOLUNTEERS																			
			PARTNERS																			
OTHER				OTHER		COVERAGE IS:		PRIMARY		SECONDARY												
<p>COVERED AUTO SYMBOLS</p> <table style="width:100%; border:none;"> <tr> <td style="width:25%;">(61) ANY AUTO</td> <td style="width:25%;">(64) OWNED COMMERCIAL AUTOS ONLY</td> <td style="width:25%;">(67) SPECIFICALLY DESCRIBED AUTOS</td> <td style="width:25%;">(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td>(62) OWNED AUTOS ONLY</td> <td>(65) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(68) HIRED AUTOS ONLY</td> <td>(71) NON-OWNED AUTOS ONLY</td> </tr> <tr> <td>(63) OWNED PRIVATE PASS AUTOS ONLY</td> <td>(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> <td></td> </tr> </table>											(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	
(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																			
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(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																				

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