



AGENCY CUSTOMER ID: _____

**KENTUCKY COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY	NAMED INSURED(S)		TAX TERRITORY
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	\$ FULL GUEST ONLY BUY BACK DED	PHYSICAL DAMAGE		
ADDITIONAL P.I.P.	5 7	OPTION #: AGGREGATE LIMIT \$	TOWING & LABOR	3 7	\$
MOTORCYCLE P.I.P.	5 7	APPLIES TO CYCLES LISTED BELOW \$	COMP / OTC	2 4 8 3 7	
NAMED INDIVIDUAL-BROADENED P.I.P.	5 7	APPLIES TO INDIVIDUALS LISTED BELOW \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COLLISION	2 4 8 3 7	
UNINSURED MOT STACKED NON-STKD	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
UNDERINSURED MOT STACKED NON-STKD	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE 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)

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SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

IF I HAVE REJECTED UNINSURED (UM) AND/OR UNDERINSURED (UIM) MOTORISTS COVERAGE, I HAVE ALSO SIGNED THE KENTUCKY STATE SUPPLEMENT, ACORD 60 KY.

MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED	NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED
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APPLICABLE TO BUSINESS AUTO, TRUCKERS AND MOTOR CARRIER: IS / ARE GARAGING LOCATION(S) WITHIN CITY LIMITS? Y / N
IF NO, PROVIDE NAME(S) OF APPLICABLE TAX TERRITORIES:

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
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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																					
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE																		
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$																		
	42 <input type="checkbox"/> 47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>																				
	43 <input type="checkbox"/> 50 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>																				
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	\$ FULL <input type="checkbox"/> GUEST ONLY <input type="checkbox"/> BUY BACK <input type="checkbox"/>	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$																		
	46 <input type="checkbox"/>	\$ DED		43 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>																			
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	OPTION #:		46 <input type="checkbox"/>																				
	46 <input type="checkbox"/>	AGGREGATE LIMIT \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$																		
MOTORCYCLE P.I.P.	44 <input type="checkbox"/> 46 <input type="checkbox"/>	APPLIES TO CYCLES LISTED BELOW \$		43 <input type="checkbox"/>																				
NAMED INDIVIDUAL-BROADENED P.I.P.	44 <input type="checkbox"/> 46 <input type="checkbox"/>	APPLIES TO INDIVIDUALS LISTED BELOW \$		46 <input type="checkbox"/>																				
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	46 <input type="checkbox"/>	\$																			
	43 <input type="checkbox"/>		TRAILER INTERCHANGE																					
UNINSURED MOT	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE															
STACKED	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	COMP / OTC	48 <input type="checkbox"/>																				
NON-STKD	45 <input type="checkbox"/>			49 <input type="checkbox"/>																				
UNDERINSURED MOT	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																				
STACKED	43 <input type="checkbox"/>	BI EACH ACCIDENT \$		49 <input type="checkbox"/>																				
NON-STKD	45 <input type="checkbox"/>		COLLISION	48 <input type="checkbox"/>					\$															
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS		49 <input type="checkbox"/>																				
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	TRAILER VALUE	\$																				
NON-OWNED AUTO LIABILITY	NO STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH																		
		EMPLOYEES																						
		VOLUNTEERS																						
		PARTNERS																						
OTHER			OTHER	COVERAGE IS:		PRIMARY	SECONDARY																	
<p>COVERED AUTO SYMBOLS</p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;">(41) ANY AUTO</td> <td style="width:33%;">(44) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td style="width:33%;">(46) SPECIFICALLY DESCRIBED AUTOS</td> </tr> <tr> <td>(42) OWNED AUTOS ONLY</td> <td>(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(47) HIRED AUTOS ONLY</td> </tr> <tr> <td>(43) OWNED COMMERCIAL AUTOS ONLY</td> <td></td> <td>(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td></td> <td></td> <td>(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td></td> <td></td> <td>(50) NON-OWNED AUTOS ONLY</td> </tr> </table>										(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(42) OWNED AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY	(43) OWNED COMMERCIAL 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
(41) ANY AUTO	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS																						
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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	CSL	BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE	
	62	68		BI EACH ACCIDENT \$		COMP / OTC	62	67			\$
	63	71		PROPERTY DAMAGE \$			63	68			
	64						64				
PERSONAL INJURY PROTECTION	65		\$	FULL <input type="checkbox"/> GUEST ONLY <input type="checkbox"/> BUY BACK <input type="checkbox"/>	SPECIFIED CAUSES OF LOSS	62	67	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$		
	67		\$	DED		63	68	F <input type="checkbox"/> FTW <input type="checkbox"/>			
ADDITIONAL P.I.P.	65		OPTION #:		COLLISION	62	67		\$		
	67		AGGREGATE LIMIT	\$		63	68				
MOTORCYCLE P.I.P.	65	67		APPLIES TO CYCLES LISTED BELOW \$	TOWING & LABOR	62	67		\$		
NAMED INDIVIDUAL-BROADENED P.I.P.	65	67		APPLIES TO INDIVIDUALS LISTED BELOW \$		63	68				
MEDICAL PAYMENTS	62	64		EACH PERSON \$	TRAILER INTERCHANGE						
	63	67				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS
UNINSURED MOT	62	66	CSL	BI EA PER \$	COMP / OTC	69					
	63	67		BI EACH ACCIDENT \$		70					
UNDERINSURED MOT	62	66	CSL	BI EA PER \$	SPECIFIED CAUSES OF LOSS	69					
	63	67		BI EACH ACCIDENT \$		70					
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE	COLLISION	69					\$
	NO			IF ANY BASIS \$		70					
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE	TRAILER VALUE \$						
	NO			IF ANY BASIS \$	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	HIRED PHYSICAL DAMAGE						
	NO			NUMBER OF							
						EMPLOYEES					
				VOLUNTEERS							
				PARTNERS							
OTHER					COVERAGE IS:		PRIMARY	SECONDARY			
					OTHER						

COVERED AUTO SYMBOLS
 (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

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