



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

**MAINE 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 \$			
			<b>PHYSICAL DAMAGE</b>		
			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 / UNDERINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 3 4 7 8	
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 EMPLOYEES VOLUNTEERS PARTNERS		NUMBER OF	COMP \$ SPEC C OF L \$ COLL \$
<b>COVERED AUTO SYMBOLS</b>	(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	COVERAGE IS:	PRIMARY	SECONDARY
					(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)****SIGNATURE**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND THAT MAINE LAW REQUIRES UNINSURED MOTOR VEHICLE COVERAGE LIMITS TO EQUAL THE LIMITS I HAVE SELECTED FOR LIABILITY COVERAGE FOR BODILY INJURY OR DEATH IN THIS POLICY UNLESS I EXPRESSLY REJECT SUCH AN AMOUNT OF COVERAGE. PURSUANT TO THE MAINE REVISED STATUTES, TITLE 24-A, SECTION 2902, SUBSECTION 2, I HAVE ELECTED TO PURCHASE UNINSURED MOTOR VEHICLE COVERAGE WITH LESSER LIMITS. \_\_\_\_\_  
APPLICANT'S INITIALS

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

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF  
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER  
 (43) OWNED COMMERCIAL AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT INTERCHANGE AGREEMENT  
 (43) OWNED COMMERCIAL AUTOS ONLY MOTORIST LAW 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**

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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 \$		COMP / OTC	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 <input type="checkbox"/> 63 <input type="checkbox"/>	64 <input type="checkbox"/> 67 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/> 67 <input type="checkbox"/>		\$			
UNINSURED / UNDERINSURED MOTORIST	62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/>	66 <input type="checkbox"/> 67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$		<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	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69					\$
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		70					
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	
			<input type="checkbox"/> EMPLOYEES	<input type="checkbox"/>						
			<input type="checkbox"/> VOLUNTEERS	<input type="checkbox"/>						
			<input type="checkbox"/> PARTNERS	<input type="checkbox"/>						
OTHER				TRAILER VALUE \$		COVERAGE IS:		PRIMARY	SECONDARY	
				OTHER						

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