



**TRUCKERS SECTION**

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

| COVERAGES                           | COVERED AUTO SYMBOLS |        | LIMITS |           | PHYSICAL DAMAGE                                                                        |                                                                                        |                      |         |            |           |   |    |     |     |
|-------------------------------------|----------------------|--------|--------|-----------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------|---------|------------|-----------|---|----|-----|-----|
|                                     |                      |        |        |           | * Include the Fire District name and code # if fire or COMP / OTC coverage is provided |                                                                                        |                      |         |            |           |   |    |     |     |
|                                     |                      |        | CSL    | BI EA PER | \$                                                                                     | COVERAGES                                                                              | COVERED AUTO SYMBOLS | LIMITS  | DEDUCTIBLE |           |   |    |     |     |
| LIABILITY                           | 41                   | 47     |        |           |                                                                                        | COMP / OTC*                                                                            | 42                   | 47      |            |           |   |    |     |     |
|                                     | 42                   | 50     |        |           |                                                                                        |                                                                                        | 43                   |         |            |           |   |    |     |     |
|                                     | 43                   |        |        |           |                                                                                        |                                                                                        | 46                   |         |            |           |   |    |     |     |
|                                     | 46                   |        |        |           |                                                                                        |                                                                                        |                      |         |            |           |   |    |     |     |
| MEDICAL PAYMENTS                    | 42                   | 46     |        |           |                                                                                        | SPECIFIED CAUSES OF LOSS*                                                              | 42                   | 47      |            | SCL       |   | FT |     | LSP |
|                                     | 43                   |        |        |           |                                                                                        |                                                                                        | 43                   |         |            |           | F |    | FTW |     |
| UNINSURED MOTORIST                  | 42                   | 46     |        |           |                                                                                        | COLLISION                                                                              | 42                   | 47      |            |           |   |    |     |     |
|                                     | 43                   |        |        |           |                                                                                        |                                                                                        | 43                   |         |            |           |   |    |     |     |
|                                     | 45                   |        |        |           |                                                                                        |                                                                                        | 46                   |         |            |           |   |    |     |     |
| UNINSURED / UNDERINSURED MOTORIST   | 42                   | 46     |        |           |                                                                                        | TOWING & LABOR                                                                         | 42                   |         |            |           |   |    |     |     |
|                                     | 43                   |        |        |           |                                                                                        |                                                                                        | 46                   |         |            |           |   |    |     |     |
|                                     | 45                   |        |        |           |                                                                                        |                                                                                        |                      |         |            |           |   |    |     |     |
| UNINSURED MOTORIST                  | 42                   | 46     |        |           |                                                                                        | TRAILER INTERCHANGE                                                                    |                      |         |            |           |   |    |     |     |
|                                     | 43                   |        |        |           |                                                                                        | * Include the Fire District name and code # if fire or COMP / OTC coverage is provided |                      |         |            |           |   |    |     |     |
| NON-TRUCKERS HIRED / BORROWED       | YES                  | STATES |        |           |                                                                                        | COMP / OTC*                                                                            | 48                   |         |            |           |   |    |     |     |
|                                     | NO                   |        |        |           |                                                                                        |                                                                                        | 49                   |         |            |           |   |    |     |     |
| TRUCKERS HIRED / BORROWED LIABILITY | YES                  | STATES |        |           |                                                                                        | SPECIFIED CAUSES OF LOSS*                                                              | 48                   |         |            |           |   |    |     |     |
|                                     | NO                   |        |        |           |                                                                                        |                                                                                        | 49                   |         |            |           |   |    |     |     |
| NON-OWNED AUTO LIABILITY            | YES                  | STATES |        |           |                                                                                        | COLLISION                                                                              | 48                   |         |            |           |   |    |     |     |
|                                     | NO                   |        |        |           |                                                                                        |                                                                                        | 49                   |         |            |           |   |    |     |     |
|                                     |                      |        |        |           |                                                                                        |                                                                                        |                      |         |            |           |   |    |     |     |
| OTHER                               |                      |        |        |           |                                                                                        | TRAILER VALUE                                                                          | \$                   |         |            |           |   |    |     |     |
|                                     |                      |        |        |           |                                                                                        | STATES                                                                                 |                      | # DAYS  |            | # VEH     |   |    |     |     |
|                                     |                      |        |        |           |                                                                                        | COVERAGE IS:                                                                           |                      | PRIMARY |            | SECONDARY |   |    |     |     |

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (47) HIRED AUTOS ONLY (50) NON-OWNED AUTOS ONLY  
 (43) OWNED COMMERCIAL AUTOS ONLY

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

I UNDERSTAND THAT NORTH CAROLINA LAW REQUIRES THAT MY POLICY MUST INCLUDE UNINSURED MOTORIST BODILY INJURY COVERAGE WITH LIMITS EQUAL TO THE HIGHEST LIMITS OF BODILY INJURY COVERAGE ON ANY VEHICLE INSURED UNDER MY POLICY. HOWEVER, SUCH UM LIMITS ARE NOT REQUIRED TO EXCEED \$1,000,000 PER ACCIDENT, EVEN IF THE BODILY INJURY LIMITS ARE HIGHER. I ALSO UNDERSTAND THAT MY POLICY MUST INCLUDE UNINSURED MOTORIST COVERAGE IF MY BODILY INJURY COVERAGE IS GREATER THAN THE BODILY INJURY LIMIT REQUIRED BY LAW. I ALSO UNDERSTAND THAT I AM ALLOWED TO PURCHASE GREATER OR LESSER LIMITS AS PERMITTED BY LAW.

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 |
|-----------------------|------|----------------------|--------------------------|

**MOTOR CARRIER SECTION**

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

| COVERAGES                           | COVERED AUTO SYMBOLS |        | LIMITS     |           | PHYSICAL DAMAGE                                                                        |                                                                                        |                      |            |            |        |            |            |
|-------------------------------------|----------------------|--------|------------|-----------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------|------------|------------|--------|------------|------------|
|                                     |                      |        |            |           | * Include the Fire District name and code # if fire or COMP / OTC coverage is provided |                                                                                        |                      |            |            |        |            |            |
|                                     |                      |        | CSL        | BI EA PER | \$                                                                                     | COVERAGES                                                                              | COVERED AUTO SYMBOLS | LIMITS     |            |        | DEDUCTIBLE |            |
| LIABILITY                           | 61                   | 67     |            |           |                                                                                        | COMP / OTC*                                                                            | 62                   | 67         |            |        |            | \$         |
|                                     | 62                   | 68     |            |           |                                                                                        |                                                                                        | 63                   | 68         |            |        |            |            |
|                                     | 63                   | 71     |            |           |                                                                                        |                                                                                        | 64                   |            |            |        |            |            |
|                                     | 64                   |        |            |           |                                                                                        |                                                                                        |                      |            |            |        |            |            |
|                                     |                      |        |            |           |                                                                                        | SPECIFIED CAUSES OF LOSS*                                                              | 62                   | 67         | SCL        | FT     | LSP        | \$         |
|                                     |                      |        |            |           |                                                                                        |                                                                                        | 63                   | 68         | F          | FTW    |            |            |
|                                     |                      |        |            |           |                                                                                        |                                                                                        | 64                   |            |            |        |            |            |
| MEDICAL PAYMENTS                    | 62                   | 64     |            |           | EACH PERSON                                                                            | \$                                                                                     | COLLISION            | 62         | 67         |        |            | \$         |
|                                     | 63                   | 67     |            |           |                                                                                        |                                                                                        |                      | 63         | 68         |        |            |            |
|                                     |                      |        |            |           |                                                                                        |                                                                                        |                      | 64         |            |        |            |            |
| UNINSURED MOTORIST                  | 62                   | 66     | CSL        | BI EA PER | \$                                                                                     | TOWING & LABOR                                                                         | 63                   |            |            |        | \$         |            |
|                                     | 63                   | 67     |            |           |                                                                                        |                                                                                        |                      | 67         |            |        |            |            |
|                                     | 64                   |        |            |           |                                                                                        |                                                                                        |                      |            |            |        |            |            |
| UNINSURED / UNDERINSURED MOTORIST   | 62                   | 66     | CSL        | BI EA PER | \$                                                                                     | TRAILER INTERCHANGE                                                                    |                      |            |            |        |            |            |
|                                     | 63                   | 67     |            |           |                                                                                        | * Include the Fire District name and code # if fire or COMP / OTC coverage is provided |                      |            |            |        |            |            |
|                                     | 64                   |        |            |           |                                                                                        | COVERAGES                                                                              | SYMBOL               | # TRAILERS | FARTH ZONE | # DAYS | RADIUS     | DEDUCTIBLE |
| UNINSURED MOTORIST                  | 62                   | 66     |            |           |                                                                                        | COMP / OTC*                                                                            | 69                   |            |            |        |            |            |
|                                     | 63                   | 67     |            |           |                                                                                        |                                                                                        | 70                   |            |            |        |            |            |
| UNINSURED MOTORIST                  | 62                   | 66     |            |           |                                                                                        | SPECIFIED CAUSES OF LOSS*                                                              | 69                   |            |            |        |            |            |
|                                     | 63                   | 67     |            |           |                                                                                        |                                                                                        | 70                   |            |            |        |            |            |
| NON-TRUCKERS HIRED / BORROWED       | YES                  | STATES |            |           | COST OF HIRE                                                                           |                                                                                        | IF ANY BASIS         |            |            |        |            | \$         |
|                                     | NO                   |        |            |           | \$                                                                                     |                                                                                        |                      |            |            |        |            |            |
| TRUCKERS HIRED / BORROWED LIABILITY | YES                  | STATES |            |           | COST OF HIRE                                                                           |                                                                                        | IF ANY BASIS         |            |            |        |            | \$         |
|                                     | NO                   |        |            |           | \$                                                                                     |                                                                                        |                      |            |            |        |            |            |
| NON-OWNED AUTO LIABILITY            | YES                  | STATES | GROUP TYPE | NUMBER OF |                                                                                        | HIRED PHYSICAL DAMAGE                                                                  | STATES               | # DAYS     | # VEH      |        |            |            |
|                                     | NO                   |        | EMPLOYEES  |           |                                                                                        |                                                                                        |                      |            |            |        |            |            |
|                                     |                      |        | VOLUNTEERS |           |                                                                                        |                                                                                        |                      |            |            |        |            |            |
|                                     |                      |        | PARTNERS   |           |                                                                                        |                                                                                        |                      |            |            |        |            |            |
| OTHER                               |                      |        |            |           |                                                                                        |                                                                                        | COVERAGE IS:         |            | PRIMARY    |        | SECONDARY  |            |
|                                     |                      |        |            |           |                                                                                        |                                                                                        | OTHER                |            |            |        |            |            |

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

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| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
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