



AGENCY CUSTOMER ID: _____

NEBRASKA 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	\$
			COMP / OTC	2, 3, 4, 7, 8	
MEDICAL PAYMENTS	2, 3	4, 7	8	EACH PERSON	\$
UNINSURED MOTORIST	2	6		CSL	BI EA PER \$
	3	7			BI EACH ACCIDENT \$
	4				
UNDERINSURED MOTORIST	2	6		CSL	BI EA PER \$
	3	7			BI EACH ACCIDENT \$
	4				
HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS	
	NO		\$		
NON-OWNED LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE
	NO		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)

SIGNATURE

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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																			
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE												
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$		COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>															
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$			43 <input type="checkbox"/>	46 <input type="checkbox"/>															
				SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP			\$												
					43 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW			\$												
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>				\$												
UNINSURED MOTORIST	43 <input type="checkbox"/>				43 <input type="checkbox"/>	46 <input type="checkbox"/>				\$												
	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	46 <input type="checkbox"/>					\$												
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$	TRAILER INTERCHANGE																		
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE												
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$	COMP / OTC	48 <input type="checkbox"/>																	
	45 <input type="checkbox"/>				49 <input type="checkbox"/>																	
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>																	
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		49 <input type="checkbox"/>																	
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES <input type="checkbox"/>	GROUP TYPE	COLLISION	48 <input type="checkbox"/>					\$												
	NO <input type="checkbox"/>		NUMBER OF		49 <input type="checkbox"/>																	
			EMPLOYEES	TRAILER VALUE \$																		
OTHER			VOLUNTEERS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH															
			PARTNERS		COVERAGE IS:		PRIMARY	SECONDARY														
<p>COVERED AUTO SYMBOLS</p> <table style="width:100%; font-size: small;"> <tr> <td>(41) ANY AUTO</td> <td>(44) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(46) SPECIFICALLY DESCRIBED AUTOS</td> <td>(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</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> <td>(50) NON-OWNED 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> <td></td> </tr> </table>											(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		(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	
(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		(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT																				

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

SIGNATURE

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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 \$		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 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 \$		TRAILER INTERCHANGE						
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 \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
				COMP / OTC	69						
				SPECIFIED CAUSES OF LOSS	70						
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69 <input type="checkbox"/> 70 <input type="checkbox"/>					\$	
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE	\$						
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
			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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