



AGENCY CUSTOMER ID: _____

**OKLAHOMA 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	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4			3 7	
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			COMP \$
		EMPLOYEES			SPEC C OF L \$
		VOLUNTEERS		COLL \$	
		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**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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
-----------------------	------	----------------------	--------------------------

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 \$	COLLISION	43 <input type="checkbox"/>	\$	
	43 <input type="checkbox"/>						
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$				TOWING & LABOR
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$				
	45 <input type="checkbox"/>						
TRAILER INTERCHANGE							
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
COMP / OTC	48 <input type="checkbox"/>						
	49 <input type="checkbox"/>						
SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>						
	49 <input type="checkbox"/>						
COLLISION	48 <input type="checkbox"/>					\$	
	49 <input type="checkbox"/>						
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS \$			
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS \$			
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF			
	NO <input type="checkbox"/>		EMPLOYEES				
			VOLUNTEERS				
OTHER			PARTNERS				
			TRAILER VALUE	\$			
HIRED PHYSICAL DAMAGE	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)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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							
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					
				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	TRAILER VALUE \$		HIRED PHYSICAL DAMAGE	# DAYS	# VEH		
			EMPLOYEES	STATES						
			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

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

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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
-----------------------	------	----------------------	--------------------------