



AGENCY CUSTOMER ID: _____

**UTAH 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 \$			
PERSONAL INJURY PROTECTION	5	MEDICAL EXPENSE \$ INC BEN \$	PHYSICAL DAMAGE		
	7	WAIVE INCOME BENEFITS			
ADDITIONAL P.I.P.	5	FUNERAL EXPENSE \$ SURV LOSS \$	TOWING & LABOR	3 7	\$
	7	MEDICAL EXPENSE \$ INC BEN \$	COMP / OTC	2 4 8	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$			
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	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NO	\$				COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE		COVERAGE IS:	PRIMARY SECONDARY
	NO	NUMBER OF			
		EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
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 MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR. A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES, IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.

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	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"/>	MEDICAL EXPENSE \$ INC BEN \$	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"/>	WAIVE INCOME BENEFITS		43 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>		
		FUNERAL EXPENSE \$ SURV LOSS \$		46 <input type="checkbox"/>			
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	MEDICAL EXPENSE \$ INC BEN \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$	
	46 <input type="checkbox"/>	WAIVE INCOME BENEFITS		43 <input type="checkbox"/>			
		FUNERAL EXPENSE \$ SURV LOSS \$		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"/>						
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE				
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$	COMP / OTC	48 <input type="checkbox"/>			
UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$		49 <input type="checkbox"/>			
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>			
	45 <input type="checkbox"/>			49 <input type="checkbox"/>			
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	48 <input type="checkbox"/>		\$	
	NO	\$		49 <input type="checkbox"/>			
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	TRAILER VALUE	\$			
	NO	\$					
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	STATES	# DAYS	# VEH		
	NO	EMPLOYEES					
		VOLUNTEERS					
		PARTNERS					
OTHER			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 (50) ANOTHER TRUCKER UNDER A TRAILER
 (43) OWNED COMMERCIAL AUTOS ONLY (46) COMPULSORY UNINSURED (48) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT
 MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT

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	<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					
PERSONAL INJURY PROTECTION	65		MEDICAL EXPENSE \$ INC BEN \$	SPECIFIED CAUSES OF LOSS		62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$		
	67		<input type="checkbox"/> WAIVE INCOME BENEFITS		<input type="checkbox"/> F <input type="checkbox"/> FTW						
ADDITIONAL P.I.P.	65		MEDICAL EXPENSE \$ INC BEN \$	COLLISION	62	67		\$			
	67		<input type="checkbox"/> WAIVE INCOME BENEFITS				<input type="checkbox"/> FUNERAL EXPENSE \$ SURV LOSS \$				
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63	67		\$			
	63	67					67				
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64		PROPERTY DAMAGE \$	COMP / OTC	69						
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	69	70					
	63	67	BI EACH ACCIDENT \$				70				
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69	70				\$	
	NO						70				
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE \$							
	NO			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE								
	NO		EMPLOYEES		NUMBER OF						
			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
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER
 (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 INTERCHANGE AGREEMENT
 (71) NON-OWNED AUTOS ONLY

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