AGENCY CUSTOMER ID: _____

TEXAS COMMERCIAL AUTO
COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9 / 2 7 / 3 8	CSL / BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION	2 / 7	EACH PERSON $ / AUTO DEATH INDEMNITY $ / TOTAL DISABILITY $
MEDICAL PAYMENTS	2 4 8 / 3 7	EACH PERSON $
UNINSURED/ UNDERINSURED MOTORIST	1 4 / 2 7 / 3	CSL / BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $ DED
HIRED/BORROWED LIABILITY	YES / NO — STATES	COST OF HIRE $ / IF ANY BASIS
NON-OWNED LIABILITY	YES / NO — STATES	GROUP TYPE / NUMBER OF: EMPLOYEES, VOLUNTEERS, PARTNERS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	3 / 7	$
COMP / OTC	2 4 8 / 3 7	
SPECIFIED CAUSES OF LOSS	2 4 8 / 3 7	
COLLISION	2 4 8 / 3 7	

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
				COMP $ / SPEC C OF L $ / COLL $
	COVERAGE IS:	PRIMARY	SECONDARY	

COVERED AUTO SYMBOLS
(1) ANY AUTO
(2) ALL OWNED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS
(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER
(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE
(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW
(7) AUTOS SPECIFIED ON SCHEDULE
(8) HIRED AUTOS
(9) NON-OWNED AUTOS

ENDORSEMENTS / REMARKS

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AGENCY CUSTOMER ID: _____

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	41 46 / 42 47 / 43 50	CSL BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION	42 / 46	EACH PERSON $ / AUTO DEATH INDEMNITY $ TOTAL DISABILITY $
MEDICAL PAYMENTS	42 46 / 43	EACH PERSON $
UNINSURED/ UNDERINSURED MOTORIST	41 46 / 42 / 43	CSL BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $ DED
NON-TRUCKERS HIRED/BORROWED	YES STATES / NO	COST OF HIRE IF ANY BASIS / $
TRUCKERS HIRED/BORROWED LIABILITY	YES STATES / NO	COST OF HIRE IF ANY BASIS / $
NON-OWNED AUTO LIABILITY	YES STATES / NO	GROUP TYPE NUMBER OF / EMPLOYEES / VOLUNTEERS / PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	42 46 / 43 47		$
SPECIFIED CAUSES OF LOSS	42 46 / 43 47	SCL FT LSP / F FTW	$
COLLISION	42 46 / 43 47		$
TOWING & LABOR	46	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	48 / 49					
SPECIFIED CAUSES OF LOSS	48 / 49					
COLLISION	48 / 49					$

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

AGENCY CUSTOMER ID: _____

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	61 67 62 68 63 71 64	CSL BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $
PERSONAL INJURY PROTECTION	62 67	EACH PERSON $ / AUTO DEATH INDEMNITY $ / TOTAL DISABILITY $
MEDICAL PAYMENTS	62 64 63 67	EACH PERSON $
UNINSURED/ UNDERINSURED MOTORIST	61 64 62 67 63	CSL BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $ DED
NON-TRUCKERS HIRED/BORROWED	YES STATES / NO	COST OF HIRE IF ANY BASIS $
TRUCKERS HIRED/BORROWED LIABILITY	YES STATES / NO	COST OF HIRE IF ANY BASIS $
NON-OWNED AUTO LIABILITY	YES STATES / NO	GROUP TYPE / NUMBER OF: EMPLOYEES, VOLUNTEERS, PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	62 67 63 68 64		$
SPECIFIED CAUSES OF LOSS	62 67 63 68 64	SCL FT LSP F FTW	$
COLLISION	62 67 63 68 64		$
TOWING & LABOR	63 67	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	69 70					
SPECIFIED CAUSES OF LOSS	69 70					
COLLISION	69 70					$

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH

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

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS (UM/UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM/UIM BI AND/OR UM/UIM PD COVERAGES ENTIRELY.

1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT 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