

## ACORD 137 NY (2015/12) - NEW YORK COMMERCIAL AUTO COVERAGES / LIMITS SECTION

ACORD 137 NY, New York Commercial Auto, Coverages / Limits Section, is used to collect the coverage and limit information necessary to write Business Auto, Truckers or Motor Carrier insurance in this state.

Use this form with ACORD 127, Business Auto Section, and/or ACORD 132, Truckers / Motor Carriers Section.

The specific differences in this state are:

- \* Personal Injury Protection coverages are revised to reflect New York's unique coverages and options. Refer to your state Manual.
- \* Uninsured and Underinsured Motorists coverages are replaced by "Statutory UM" and "Supplementary UM / UIM (SUM)". Refer to your State Manual.
- \* A question is included regarding any applicant covered by a wage continuation plan. If coverage applies, the name of the plan and the person(s) covered must be shown in the application. New York State law requires a reduction in work loss payment under Personal Injury Protection coverage and a PIP premium reduction, if an insured is covered by a qualified wage continuance plan.
- \* Statement added to the form advising the insured of his/her rights, regarding the selection of a rental vehicle company if they have purchased rental vehicle reimbursement coverage.
- \* A state-specific fraud warning is included.

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.

<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>BUSINESS AUTO</b>	<b>Liability - 1</b>	Check the box (if applicable): Indicates that any auto is covered.
<b>BUSINESS AUTO</b>	<b>2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>9</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>BUSINESS AUTO</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Bi Each Accident</b>	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Property Damage</b>	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Personal Injury Protection - 5</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The personal injury protection (PIP) limit amount.
<b>BUSINESS AUTO</b>	<b>Deductible</b>	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.

<b>BUSINESS AUTO</b>	<b>OBEL - 5</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The limit amount for the optional basic economic loss coverage.
<b>BUSINESS AUTO</b>	<b>Additional P.I.P - 5</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The additional personal injury protection (APIP) limit amount.
<b>BUSINESS AUTO</b>	<b>Work Loss</b>	Enter limit: The additional personal injury protection (APIP) work/wage loss limit amount.
<b>BUSINESS AUTO</b>	<b>Other Exp</b>	Enter limit: The limit amount for the other expense coverage.
<b>BUSINESS AUTO</b>	<b>Death Benefit</b>	Enter limit: The additional personal injury protection (APIP) accidental death benefit limit amount.
<b>BUSINESS AUTO</b>	<b>Work Loss Coord - 5</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Yes</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss coordination option has been selected.
<b>BUSINESS AUTO</b>	<b>No</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss coordination option has not been selected.
<b>BUSINESS AUTO</b>	<b>Medical Exp Elim - 5</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.

<b>BUSINESS AUTO</b>	<b>Named Ins Only</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense option has been selected for the named insured only.
<b>BUSINESS AUTO</b>	<b>Named Insured And Relatives</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense option has been selected for the named insured and relatives.
<b>BUSINESS AUTO</b>	<b>Medical Payments - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Each Person</b>	Enter limit: The medical payments per person limit.
<b>BUSINESS AUTO</b>	<b>Statutory Uninsured Motorists - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>6</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorists law are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>BUSINESS AUTO</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)

<b>BUSINESS AUTO</b>	<b>Bi Each Accident</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
<b>BUSINESS AUTO</b>	<b>Supplementary UM / UIM (SUM) - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>6</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorists law are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>BUSINESS AUTO</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The per person limit amount for the supplementary uninsured / underinsured motorists coverage.
<b>BUSINESS AUTO</b>	<b>Bi Each Accident</b>	Enter limit: The per accident limit amount for the supplementary uninsured / underinsured motorists coverage.
<b>BUSINESS AUTO</b>	<b>Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
<b>BUSINESS AUTO</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>BUSINESS AUTO</b>	<b>No</b>	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
<b>BUSINESS AUTO</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.
<b>BUSINESS AUTO</b>	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.

<b>BUSINESS AUTO</b>	<b>Non-Owned Liability - Yes</b>	Check the box (if applicable): Indicates if non-owned coverage applies. As used here, enter state(s) where employees use their own autos in the operations of the applicant's business.
<b>BUSINESS AUTO</b>	<b>States</b>	Enter code: Indicates a state where autos are non-owned.
<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are non-owned.
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<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are non-owned.
<b>BUSINESS AUTO</b>	<b>No</b>	Check the box (if applicable): Indicates that non-owned coverage does not apply.
<b>BUSINESS AUTO</b>	<b>Group Type - Employees</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
<b>BUSINESS AUTO</b>	<b>Number of Employees</b>	Enter number: The number of employees that use their own automobiles.
<b>BUSINESS AUTO</b>	<b>Volunteers</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
<b>BUSINESS AUTO</b>	<b>Number of Volunteers</b>	Enter number: The number of volunteers that use their own automobiles.
<b>BUSINESS AUTO</b>	<b>Partners</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
<b>BUSINESS AUTO</b>	<b>Number of Partners</b>	Enter number: The number of partners that use their own automobiles.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.

<b>BUSINESS AUTO</b>	<b>Towing &amp; Labor - 3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Limit</b>	Enter limit: The towing and labor limit amount.
<b>BUSINESS AUTO</b>	<b>COMP / OTC - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Specified Causes of Loss - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Collision - 2</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>BUSINESS AUTO</b>	<b>3</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>4</b>	Check the box (if applicable): Indicates that owned autos other than private passenger autos only are covered.
<b>BUSINESS AUTO</b>	<b>7</b>	Check the box (if applicable): Indicates that specifically described autos are covered.

<b>BUSINESS AUTO</b>	<b>8</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>BUSINESS AUTO</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>BUSINESS AUTO</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>BUSINESS AUTO</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>BUSINESS AUTO</b>	<b>Hired Physical Damage - States</b>	Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
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<b>BUSINESS AUTO</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>BUSINESS AUTO</b>	<b># Days</b>	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
<b>BUSINESS AUTO</b>	<b># Veh</b>	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
<b>BUSINESS AUTO</b>	<b>Coverage / Deductible - Comp</b>	Check the box (if applicable): Indicates the deductible is for comprehensive or other than collision coverage.
<b>BUSINESS AUTO</b>	<b>Deductible</b>	Enter deductible: The comprehensive or other than collision deductible amount.



<b>BUSINESS AUTO</b>	<b>Spec C of L</b>	Check the box (if applicable): Indicates the deductible is for specified causes of loss. The Specified Cause of Loss Codes are:  SCL Specified Cause of Loss F Fire F&T Fire and Theft F,T&W Fire, Theft and Wind LSP Limited Specified Perils SP Specified Perils
<b>BUSINESS AUTO</b>	<b>Deductible</b>	Enter deductible: The deductible associated with specified causes of loss coverage. As used here, enter the deductible only if it is applicable to all vehicles.
<b>BUSINESS AUTO</b>	<b>Coll</b>	Check the box (if applicable): Indicates the vehicle has collision coverage.
<b>BUSINESS AUTO</b>	<b>Deductible</b>	Enter deductible: The collision deductible amount.
<b>BUSINESS AUTO</b>	<b>Coverage is: - Primary</b>	Check the box (if applicable): Indicates if this coverage is on a primary basis.
<b>BUSINESS AUTO</b>	<b>Secondary</b>	Check the box (if applicable): Indicates if this coverage is on a secondary basis.
<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>SIGNATURE</b>	<b>Any Applicant Covered By a Wage Continuation Plan - Y / N</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any applicant covered by a wage continuation plan?"
<b>SIGNATURE</b>	<b>Name of Plan</b>	Enter text: The name of the wage continuation plan. As used here, this is the wage continuation plan for the applicant.
<b>SIGNATURE</b>	<b>Person Covered</b>	Enter text: The name of any applicant covered by a wage continuation plan. As used here, this is the applicant.
<b>SIGNATURE</b>	<b>Name of Plan</b>	Enter text: The name of the wage continuation plan. As used here, this is the wage continuation plan for the co-applicant.
<b>SIGNATURE</b>	<b>Person Covered</b>	Enter text: The name of any applicant covered by a wage continuation plan. As used here, this is the co-applicant.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.

<b>SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
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**Form Page 2**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>TRUCKERS</b>	<b>Liability - 41</b>	Check the box (if applicable): Indicates that any auto is covered.
<b>TRUCKERS</b>	<b>42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>TRUCKERS</b>	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>TRUCKERS</b>	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>TRUCKERS</b>	<b>47</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>TRUCKERS</b>	<b>50</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>TRUCKERS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>TRUCKERS</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>TRUCKERS</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>TRUCKERS</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>TRUCKERS</b>	<b>Limit</b>	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>TRUCKERS</b>	<b>Bi Each Accident</b>	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>TRUCKERS</b>	<b>Property Damage</b>	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>TRUCKERS</b>	<b>Personal Injury Protection - 44</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>TRUCKERS</b>	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>TRUCKERS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.

TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Limit</b>	Enter limit: The personal injury protection (PIP) limit amount.
TRUCKERS	<b>Deductible</b>	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
TRUCKERS	<b>OBEL - 44</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
TRUCKERS	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Limit</b>	Enter limit: The limit amount for the optional basic economic loss coverage.
TRUCKERS	<b>Additional P.I.P - 44</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
TRUCKERS	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Limit</b>	Enter limit: The additional personal injury protection (APIP) limit amount.
TRUCKERS	<b>Work Loss</b>	Enter limit: The additional personal injury protection (APIP) work/wage loss limit amount.
TRUCKERS	<b>Other Exp</b>	Enter limit: The limit amount for the other expense coverage.
TRUCKERS	<b>Death Benefit</b>	Enter limit: The additional personal injury protection (APIP) accidental death benefit limit amount.
TRUCKERS	<b>Work Loss Coord - 44</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
TRUCKERS	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Yes</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss coordination option has been selected.
TRUCKERS	<b>No</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss coordination option has not been selected.
TRUCKERS	<b>Medical Exp Elim - 44</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.

TRUCKERS	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Named Ins Only</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense option has been selected for the named insured only.
TRUCKERS	<b>Named Insured And Relatives</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense option has been selected for the named insured and relatives.
TRUCKERS	<b>Medical Payments - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Each Person</b>	Enter limit: The medical payments per person limit.
TRUCKERS	<b>Statutory Uninsured Motorists - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	45	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
TRUCKERS	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
TRUCKERS	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
TRUCKERS	<b>Limit</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)

TRUCKERS	<b>Bi Each Accident</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
TRUCKERS	<b>Supplementary UM / UIM (SUM) - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	<b>45</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
TRUCKERS	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
TRUCKERS	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
TRUCKERS	<b>Limit</b>	Enter limit: The per person limit amount for the supplementary uninsured / underinsured motorists coverage.
TRUCKERS	<b>Bi Each Accident</b>	Enter limit: The per accident limit amount for the supplementary uninsured / underinsured motorists coverage.
TRUCKERS	<b>Non-Truckers Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
TRUCKERS	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS		Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS		Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS	<b>No</b>	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
TRUCKERS	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.
TRUCKERS	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
TRUCKERS	<b>Truckers Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies.
TRUCKERS	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.

TRUCKERS	States	Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS	States	Enter code: Indicates a state where autos are hired or borrowed.
TRUCKERS	No	Check the box (if applicable): Indicates that truckers hired / borrowed coverage does not apply.
TRUCKERS	Cost of Hire	Enter amount: The estimated amount it will cost to hire the vehicles.
TRUCKERS	If Any Basis	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
TRUCKERS	Non-Owned Auto Liability - Yes	Check the box (if applicable): Indicates if non-owned coverage applies.
TRUCKERS	States	Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS		Enter code: Indicates a state where autos are non-owned.
TRUCKERS	No	Check the box (if applicable): Indicates that non-owned coverage does not apply.
TRUCKERS	Group Type - Employees	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
TRUCKERS	Number of Employees	Enter number: The number of employees that use their own automobiles.
TRUCKERS	Volunteers	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
TRUCKERS	Number of Volunteers	Enter number: The number of volunteers that use their own automobiles.
TRUCKERS	Partners	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
TRUCKERS	Number of Partners	Enter number: The number of partners that use their own automobiles.
TRUCKERS	Additional Coverage Description	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
TRUCKERS	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.

TRUCKERS	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
TRUCKERS	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
TRUCKERS	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
TRUCKERS	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
TRUCKERS	<b>COMP / OTC - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>47</b>	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>Deductible</b>	Enter deductible: The comprehensive or other than collision deductible amount.
TRUCKERS	<b>Specified Causes of Loss - 42</b>	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	<b>43</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	<b>46</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	<b>47</b>	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
TRUCKERS	<b>SCL</b>	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
TRUCKERS	<b>F</b>	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
TRUCKERS	<b>FT</b>	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
TRUCKERS	<b>FTW</b>	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
TRUCKERS	<b>LSP</b>	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.

TRUCKERS	Deductible	Enter deductible: The deductible associated with specified causes of loss coverage.
TRUCKERS	Collision - 42	Check the box (if applicable): Indicates that owned autos only are covered.
TRUCKERS	43	Check the box (if applicable): Indicates that owned commercial autos only are covered.
TRUCKERS	46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	47	Check the box (if applicable): Indicates that hired autos only are covered.
TRUCKERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS	Deductible	Enter deductible: The collision deductible amount.
TRUCKERS	Towing & Labor - 46	Check the box (if applicable): Indicates that specifically described autos are covered.
TRUCKERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
TRUCKERS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage.
TRUCKERS	Limit	Enter limit: The towing and labor limit amount.
TRUCKERS	COMP / OTC - 48	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS	49	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
TRUCKERS	# Trailers	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
TRUCKERS	Farth Zone	Enter code: The state of the farthest zone where trailer interchange coverage applies.
TRUCKERS	# Days	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
TRUCKERS	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
TRUCKERS	Specified Causes of Loss - 48	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS	49	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.



TRUCKERS	# Trailers	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
TRUCKERS	Farth Zone	Enter code: The state of the farthest zone where trailer interchange coverage applies.
TRUCKERS	# Days	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
TRUCKERS	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
TRUCKERS	Collision - 48	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
TRUCKERS	49	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
TRUCKERS	# Trailers	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
TRUCKERS	Farth Zone	Enter code: The state of the farthest zone where trailer interchange coverage applies.
TRUCKERS	# Days	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
TRUCKERS	Radius	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
TRUCKERS	Deductible	Enter deductible: The deductible amount applicable to trailer interchange collision coverage.
TRUCKERS	Trailer Value	Enter amount: The trailer value as assigned by the trailer interchange agreement.
TRUCKERS	Hired Physical Damage - States	Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS		Enter code: Indicates a state where autos are hired and have physical damage coverage.
TRUCKERS	# Days	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
TRUCKERS	# Veh	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
TRUCKERS	Coverage is: - Primary	Check the box (if applicable): Indicates if this coverage is on a primary basis.

<b>TRUCKERS</b>	<b>Secondary</b>	Check the box (if applicable): Indicates if this coverage is on a secondary basis.
<b>TRUCKERS</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>TRUCKERS</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>TRUCKERS</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>SIGNATURE</b>	<b>Any Applicant Covered By a Wage Continuation Plan - Y / N</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any applicant covered by a wage continuation plan?"
<b>SIGNATURE</b>	<b>Name of Plan</b>	Enter text: The name of the wage continuation plan. As used here, this is the wage continuation plan for the applicant.
<b>SIGNATURE</b>	<b>Person Covered</b>	Enter text: The name of any applicant covered by a wage continuation plan. As used here, this is the applicant.
<b>SIGNATURE</b>	<b>Name of Plan</b>	Enter text: The name of the wage continuation plan. As used here, this is the wage continuation plan for the co-applicant.
<b>SIGNATURE</b>	<b>Person Covered</b>	Enter text: The name of any applicant covered by a wage continuation plan. As used here, this is the co-applicant.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.

**Form Page 3**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).

<b>MOTOR CARRIER SECTION</b>	<b>Liability - 61</b>	Check the box (if applicable): Indicates that any auto is covered.
<b>MOTOR CARRIER SECTION</b>	<b>62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>71</b>	Check the box (if applicable): Indicates that non-owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Bi Each Accident</b>	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Property Damage</b>	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Personal Injury Protection - 65</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The personal injury protection (PIP) limit amount.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
<b>MOTOR CARRIER SECTION</b>	<b>OBEL - 65</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.

<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The limit amount for the optional basic economic loss coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Additional P.I.P - 65</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The additional personal injury protection (APIP) limit amount.
<b>MOTOR CARRIER SECTION</b>	<b>Work Loss</b>	Enter limit: The additional personal injury protection (APIP) work/wage loss limit amount.
<b>MOTOR CARRIER SECTION</b>	<b>Other Exp</b>	Enter limit: The limit amount for the other expense coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Death Benefit</b>	Enter limit: The additional personal injury protection (APIP) accidental death benefit limit amount.
<b>MOTOR CARRIER SECTION</b>	<b>Work Loss Coord - 65</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Yes</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss coordination option has been selected.
<b>MOTOR CARRIER SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss coordination option has not been selected.
<b>MOTOR CARRIER SECTION</b>	<b>Medical Exp Elim - 65</b>	Check the box (if applicable): Indicates that owned autos subject to no-fault are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Named Ins Only</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense option has been selected for the named insured only.

<b>MOTOR CARRIER SECTION</b>	<b>Named Insured And Relatives</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense option has been selected for the named insured and relatives.
<b>MOTOR CARRIER SECTION</b>	<b>Medical Payments - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Each Person</b>	Enter limit: The medical payments per person limit.
<b>MOTOR CARRIER SECTION</b>	<b>Statutory Uninsured Motorists - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>66</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>MOTOR CARRIER SECTION</b>	<b>Bi Each Accident</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
<b>MOTOR CARRIER SECTION</b>	<b>Supplementary UM / UIM (SUM) - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.

<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>66</b>	Check the box (if applicable): Indicates that owned autos subject to a compulsory uninsured motorist law are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>CSL</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>BI Ea Per</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The per person limit amount for the supplementary uninsured / underinsured motorists coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Bi Each Accident</b>	Enter limit: The per accident limit amount for the supplementary uninsured / underinsured motorists coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Non-Truckers Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if hired / borrowed coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that hired / borrowed coverage does not apply.
<b>MOTOR CARRIER SECTION</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.
<b>MOTOR CARRIER SECTION</b>	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
<b>MOTOR CARRIER SECTION</b>	<b>Truckers Hired / Borrowed Liability - Yes</b>	Check the box (if applicable): Indicates if truckers hired / borrowed coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired or borrowed.
<b>MOTOR CARRIER SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that truckers hired / borrowed coverage does not apply.

<b>MOTOR CARRIER SECTION</b>	<b>Cost of Hire</b>	Enter amount: The estimated amount it will cost to hire the vehicles.
<b>MOTOR CARRIER SECTION</b>	<b>If Any Basis</b>	Check the box (if applicable): Indicates if the rating basis is "if any". Check this box if the exposure is minimal. The actual exposure is determined at the time of audit.
<b>MOTOR CARRIER SECTION</b>	<b>Non-Owned Liability - Yes</b>	Check the box (if applicable): Indicates if non-owned coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b>States</b>	Enter code: Indicates a state where autos are non-owned.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are non-owned.
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<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are non-owned.
<b>MOTOR CARRIER SECTION</b>	<b>No</b>	Check the box (if applicable): Indicates that non-owned coverage does not apply.
<b>MOTOR CARRIER SECTION</b>	<b>Group Type - Employees</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to employees.
<b>MOTOR CARRIER SECTION</b>	<b>Number of Employees</b>	Enter number: The number of employees that use their own automobiles.
<b>MOTOR CARRIER SECTION</b>	<b>Volunteers</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to volunteers.
<b>MOTOR CARRIER SECTION</b>	<b>Number of Volunteers</b>	Enter number: The number of volunteers that use their own automobiles.
<b>MOTOR CARRIER SECTION</b>	<b>Partners</b>	Check the box (if applicable): Indicates that non-owned liability coverage pertains to partners.
<b>MOTOR CARRIER SECTION</b>	<b>Number of Partners</b>	Enter number: The number of partners that use their own automobiles.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>MOTOR CARRIER SECTION</b>	<b>COMP / OTC - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.

<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The comprehensive or other than collision deductible amount.
<b>MOTOR CARRIER SECTION</b>	<b>Specified Causes of Loss - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>SCL</b>	Check the box (if applicable): Indicates the vehicle has specified cause of loss coverage.
<b>MOTOR CARRIER SECTION</b>	<b>F</b>	Check the box (if applicable): Indicates fire is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>FT</b>	Check the box (if applicable): Indicates fire and theft is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>FTW</b>	Check the box (if applicable): Indicates fire, theft and windstorm is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>LSP</b>	Check the box (if applicable): Indicates limited specified perils is a specified cause of loss on this vehicle.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The deductible associated with specified causes of loss coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Collision - 62</b>	Check the box (if applicable): Indicates that owned autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>64</b>	Check the box (if applicable): Indicates that owned commercial autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>68</b>	Check the box (if applicable): Indicates that hired autos only are covered.



<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The collision deductible amount.
<b>MOTOR CARRIER SECTION</b>	<b>Towing &amp; Labor - 63</b>	Check the box (if applicable): Indicates that owned private passenger autos only are covered.
<b>MOTOR CARRIER SECTION</b>	<b>67</b>	Check the box (if applicable): Indicates that specifically described autos are covered.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>MOTOR CARRIER SECTION</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Limit</b>	Enter limit: The towing and labor limit amount.
<b>MOTOR CARRIER SECTION</b>	<b>COMP / OTC - 69</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b>70</b>	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Radius</b>	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
<b>MOTOR CARRIER SECTION</b>	<b>Specified Causes of Loss - 69</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b>70</b>	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.

<b>MOTOR CARRIER SECTION</b>	<b>Radius</b>	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
<b>MOTOR CARRIER SECTION</b>	<b>Collision - 69</b>	Check the box (if applicable): Indicates that trailers in your possession under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b>70</b>	Check the box (if applicable): Indicates that your trailers in the possession of another trucker under a trailer interchange agreement are covered.
<b>MOTOR CARRIER SECTION</b>	<b># Trailers</b>	Enter number: The number of trailers operated by the insured under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Farth Zone</b>	Enter code: The state of the farthest zone where trailer interchange coverage applies.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days during one year in which this exposure exists; that is, the number of days in which the insured pulls trailers that are in his possession under a Trailer Interchange Agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Radius</b>	Enter number: The radius in actual mileage within which trailers, covered by this policy, are pulled by other tractors.
<b>MOTOR CARRIER SECTION</b>	<b>Deductible</b>	Enter deductible: The deductible amount applicable to trailer interchange collision coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Trailer Value</b>	Enter amount: The trailer value as assigned by the trailer interchange agreement.
<b>MOTOR CARRIER SECTION</b>	<b>Hired Physical Damage - States</b>	Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
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<b>MOTOR CARRIER SECTION</b>		Enter code: Indicates a state where autos are hired and have physical damage coverage.
<b>MOTOR CARRIER SECTION</b>	<b># Days</b>	Enter number: The number of days needed to rate Hired Physical Damage Coverage.
<b>MOTOR CARRIER SECTION</b>	<b># Veh</b>	Enter number: The number of vehicles needed to rate Hired Physical Damage Coverage.
<b>MOTOR CARRIER SECTION</b>	<b>Coverage is: - Primary</b>	Check the box (if applicable): Indicates if this coverage is on a primary basis.
<b>MOTOR CARRIER SECTION</b>	<b>Secondary</b>	Check the box (if applicable): Indicates if this coverage is on a secondary basis.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Description</b>	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>MOTOR CARRIER SECTION</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	Enter text: The remarks associated with the commercial vehicle line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>SIGNATURE</b>	<b>Any Applicant Covered By a Wage Continuation Plan - Y / N</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any applicant covered by a wage continuation plan?"
<b>SIGNATURE</b>	<b>Name of Plan</b>	Enter text: The name of the wage continuation plan. As used here, this is the wage continuation plan for the applicant.
<b>SIGNATURE</b>	<b>Person Covered</b>	Enter text: The name of any applicant covered by a wage continuation plan. As used here, this is the applicant.
<b>SIGNATURE</b>	<b>Name of Plan</b>	Enter text: The name of the wage continuation plan. As used here, this is the wage continuation plan for the co-applicant.
<b>SIGNATURE</b>	<b>Person Covered</b>	Enter text: The name of any applicant covered by a wage continuation plan. As used here, this is the co-applicant.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>SIGNATURE</b>	<b>National Producer Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.