



AGENCY CUSTOMER ID: _____

**NEW YORK 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 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	\$ DED \$			
OBEL	5 7	\$	PHYSICAL DAMAGE		
ADDITIONAL P.I.P.	5 7	WORK LOSS \$ DEATH BENEFIT \$ OTHER EXP \$	TOWING & LABOR	3 7	\$
WORK LOSS COORD	5 7	YES NO	COMP / OTC	2 4 8 3 7	
MEDICAL EXP ELIM	5 7	NAMED INS ONLY NAMED INSURED AND RELATIVES	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	COLLISION	2 4 8 3 7	
STATUTORY UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS	STATES # DAYS # VEH		COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	HIRER PHYSICAL DAMAGE		COMP \$ SPEC C OF L \$ COLL \$
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	COVERAGE IS:	PRIMARY	SECONDARY
					(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

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

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SIGNATURE

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN?				Y / N
NAME OF PLAN	PERSON COVERED	NAME OF PLAN	PERSON COVERED	

PERSONAL INFORMATION ABOUT YOU 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 WITHOUT YOUR AUTHORIZATION. 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.

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

IF YOU HAVE PURCHASED RENTAL VEHICLE REIMBURSEMENT COVERAGE AND YOUR VEHICLE IS DAMAGED AND IS TEMPORARILY OUT OF SERVICE DUE TO A LOSS COVERED UNDER YOUR POLICY, NEW YORK LAW STATES THAT YOU HAVE THE RIGHT TO UTILIZE ANY RENTAL VEHICLE COMPANY, RENTAL VEHICLE LOCATION OR A PARTICULAR CONCERN OF YOUR CHOICE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

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			
		CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/>	BI EACH ACCIDENT \$	COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$
	42 <input type="checkbox"/> 47 <input type="checkbox"/>	PROPERTY DAMAGE \$		43 <input type="checkbox"/>		
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/> 46 <input type="checkbox"/>	\$ DED \$		46 <input type="checkbox"/>		
OBEL	44 <input type="checkbox"/> 46 <input type="checkbox"/>	\$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$
ADDITIONAL P.I.P.	44 <input type="checkbox"/>	WORK LOSS \$		43 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>	
	46 <input type="checkbox"/>	OTHER EXP \$ DEATH BENEFIT \$		46 <input type="checkbox"/>		
WORK LOSS COORD	44 <input type="checkbox"/> 46 <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$
MEDICAL EXP ELIM	44 <input type="checkbox"/> 46 <input type="checkbox"/>	NAMED INS ONLY <input type="checkbox"/> NAMED INSURED AND RELATIVES <input type="checkbox"/>		43 <input type="checkbox"/>		
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$		46 <input type="checkbox"/>		
	43 <input type="checkbox"/>		TOWING & LABOR	46 <input type="checkbox"/>	\$	
STATUTORY 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"/>		COMP / OTC	48 <input type="checkbox"/>		
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	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	HIRED PHYSICAL DAMAGE			
		PARTNERS				
OTHER			OTHER	COVERAGE IS:	PRIMARY	SECONDARY
SPECIMEN						
COVERED AUTO SYMBOLS (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION 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)

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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	67	\$ DED \$	SPECIFIED CAUSES OF LOSS		62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$					
OBEL	65	67	\$		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW							
ADDITIONAL P.I.P.	65		\$ WORK LOSS \$	COLLISION	62	67		\$						
	67		OTHER EXP \$ DEATH BENEFIT \$		63	68								
WORK LOSS COORD	65	67	<input type="checkbox"/> YES <input type="checkbox"/> NO	TOWING & LABOR	62	67		\$						
MEDICAL EXP ELIM	65	67	<input type="checkbox"/> NAMED INS ONLY <input type="checkbox"/> NAMED INSURED AND RELATIVES		63	68								
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TRAILER INTERCHANGE	COVERAGES				SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	63	67			COMP / OTC	69								
STATUTORY UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	70									
	63	67	BI EACH ACCIDENT \$		69									
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	70									
	63	67	BI EACH ACCIDENT \$		69									
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE \$	70									
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		STATES	# DAYS	# VEH							
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE										
			EMPLOYEES											
			VOLUNTEERS											
			PARTNERS											
OTHER				OTHER	COVERAGE IS:		PRIMARY		SECONDARY					

SPECIMEN

COVERED AUTO SYMBOLS
 (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

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