



AGENCY CUSTOMER ID: _____

**NEW JERSEY 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	LAWSUIT THRESHOLD MEDICAL ONLY	PHYSICAL DAMAGE		
	7	NO THRESHOLD			
		HEALTH INSURANCE OPTION YES NO	TOWING & LABOR	3 7	\$
		MEDICAL EXPENSE \$	OTHER THAN COLLISION	2 4 8	
	DED \$		3 7		
	EXT MED EXP EA PER \$				
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:		SPECIFIED CAUSES OF LOSS	2 4 8	
UNINSURED / UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$		3 7	
	3 7	BI EACH ACCIDENT \$		2 4 8	
	4	PROPERTY DAMAGE \$		3 7	
HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
	NO	\$			OTC \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE			SPEC C OF L \$
	NO	EMPLOYEES			COLL \$
		VOLUNTEERS			
		PARTNERS			
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	COVERAGE IS:	PRIMARY SECONDARY

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

--

SIGNATURE

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.			
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

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE											
LIABILITY	61	67	CSL	BI EA PER	\$	OTHER THAN COLLISION	62	67					\$	
	62	68		BI EACH ACCIDENT	\$		63	68						
	63	71		PROPERTY DAMAGE	\$		64							
	64													
PERSONAL INJURY PROTECTION	65		LAWSUIT THRESHOLD		MEDICAL ONLY	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP		\$	
	67			NO THRESHOLD			63	68	F	FTW				
			HEALTH INSURANCE OPTION		YES		NO	64						
			MEDICAL EXPENSE	\$				62	67					
		DED	\$			63	68							
		EXT MED EXP EA PER	\$			64								
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:					TOWING & LABOR	63						\$	
UNINSURED / UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE								
	63	67		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
	64			PROPERTY DAMAGE	\$	OTHER THAN COLLISION	69							
							70							
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS	COLLISION	69						\$	
	NO		\$				70							
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS	TRAILER VALUE \$								
	NO		\$			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH					
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF										
			EMPLOYEES											
			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 ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY
 (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

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

SIGNATURE

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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