



AGENCY CUSTOMER ID: \_\_\_\_\_

**NEVADA COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)		FEDERAL EMPLOYER ID #	
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 \$			
			<b>PHYSICAL DAMAGE</b>		
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 3 4 7 8	
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 3 4 7 8	
UNINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER \$	COLLISION	2 3 4 7 8	
		BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS			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**

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I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE, OR THE SELECTION / REJECTION OF MEDICAL PAYMENTS, OR THE SELECTION / REJECTION OF LOWER LIMITS OF UM 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
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**TRUCKERS SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$		42 <input type="checkbox"/>	47 <input type="checkbox"/>				
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$		43 <input type="checkbox"/>	46 <input type="checkbox"/>				
				SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$		
					43 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW			
					46 <input type="checkbox"/>					
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$	COLLISION	42 <input type="checkbox"/>	47 <input type="checkbox"/>		\$		
	43 <input type="checkbox"/>				43 <input type="checkbox"/>	46 <input type="checkbox"/>				
					46 <input type="checkbox"/>					
UNINSURED MOTORIST	42 <input type="checkbox"/>	46 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	46 <input type="checkbox"/>		\$			
	43 <input type="checkbox"/>		BI EACH ACCIDENT \$							
	45 <input type="checkbox"/>									
<b>TRAILER INTERCHANGE</b>										
				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	COMP / OTC	48 <input type="checkbox"/>				
	NO <input type="checkbox"/>		\$			49 <input type="checkbox"/>				
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/>	IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>				
	NO <input type="checkbox"/>		\$			49 <input type="checkbox"/>				
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF	COLLISION	48 <input type="checkbox"/>				\$
	NO <input type="checkbox"/>		<input type="checkbox"/> EMPLOYEES			49 <input type="checkbox"/>				
			<input type="checkbox"/> VOLUNTEERS							
OTHER			<input type="checkbox"/> PARTNERS		TRAILER VALUE	\$				
					HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH		
					OTHER	COVERAGE IS:		PRIMARY	SECONDARY	

**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 (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																	
				SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$														
					63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW															
					64																	
				COLLISION	62	67		\$														
					63	68																
					64																	
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$															
	63	67			67																	
UNINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE																		
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE												
	64			COMP / OTC	69																	
					70																	
				SPECIFIED CAUSES OF LOSS	69																	
					70																	
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$												
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS		70																	
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE	# DAYS	# VEH														
			EMPLOYEES																			
			VOLUNTEERS																			
			PARTNERS																			
OTHER				OTHER	COVERAGE IS:		PRIMARY	SECONDARY														
<p><b>COVERED AUTO SYMBOLS</b></p> <table style="width:100%; font-size: small;"> <tr> <td>(61) ANY AUTO</td> <td>(64) OWNED COMMERCIAL AUTOS ONLY</td> <td>(67) SPECIFICALLY DESCRIBED AUTOS</td> <td>(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT</td> </tr> <tr> <td>(62) OWNED AUTOS ONLY</td> <td>(65) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(68) HIRED AUTOS ONLY</td> <td>(71) NON-OWNED AUTOS ONLY</td> </tr> <tr> <td>(63) OWNED PRIVATE PASS AUTOS ONLY</td> <td>(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</td> <td>(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</td> <td></td> </tr> </table>											(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	
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