



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

**DISTRICT OF COLUMBIA 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	2 7	\$ DED \$ WK LOSS \$			MEDICAL FUNERAL
					PHYSICAL DAMAGE
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COLLISION	2 4 8 3 7	
UNDERINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS			COVERAGE IS: PRIMARY SECONDARY
<b>COVERED AUTO SYMBOLS</b>	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW			(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

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

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF UNDERINSURED MOTORISTS LIMITS ARE NOT INDICATED, I HAVE ELECTED NOT TO PURCHASE THIS COVERAGE.

I HAVE ALSO BEEN OFFERED OPTIONAL PERSONAL INJURY PROTECTION COVERAGES. I HAVE REJECTED THE FOLLOWING:

1. AUTO MEDICAL EXPENSE COVERAGE \_\_\_\_\_ (INITIALS)      3. FUNERAL EXPENSE COVERAGE \_\_\_\_\_ (INITIALS)

2. WORK LOSS COVERAGE \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE 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
-----------------------	------	----------------------	--------------------------

**TRUCKERS SECTION**

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

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	42 <input type="checkbox"/> 47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>					
	43 <input type="checkbox"/> 50 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>					
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	\$ DED <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"/>	\$			
	46 <input type="checkbox"/>	\$ WK LOSS <input type="checkbox"/> \$ MEDICAL FUNERAL		43 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>				
				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"/>					
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$		46 <input type="checkbox"/>					
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	TOWING & LABOR	46 <input type="checkbox"/>	\$				
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$							
UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	<b>TRAILER INTERCHANGE</b>						
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$	COMP / OTC	48					
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		49					
	NO	\$	SPECIFIED CAUSES OF LOSS	48					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		49					
	NO	\$	COLLISION	48					\$
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE		49					
	NO	EMPLOYEES	TRAILER VALUE	\$					
		VOLUNTEERS	STATES	# DAYS	# VEH				
		PARTNERS							
OTHER			HIRED PHYSICAL DAMAGE						
			COVERAGE IS:		PRIMARY		SECONDARY		
			OTHER						

**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 (50) NON-OWNED AUTOS ONLY  
 (43) OWNED COMMERCIAL AUTOS ONLY

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

**SIGNATURE**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF UNDERINSURED MOTORISTS LIMITS ARE NOT INDICATED, I HAVE ELECTED NOT TO PURCHASE THIS COVERAGE.

I HAVE ALSO BEEN OFFERED OPTIONAL PERSONAL INJURY PROTECTION COVERAGES. I HAVE REJECTED THE FOLLOWING:

1. AUTO MEDICAL EXPENSE COVERAGE \_\_\_\_\_ (INITIALS)      3. FUNERAL EXPENSE COVERAGE \_\_\_\_\_ (INITIALS)  
 2. WORK LOSS COVERAGE \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE 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	\$	COMP / OTC	62	67					\$
	62	68		BI EACH ACCIDENT	\$		63	68					
	63	71		PROPERTY DAMAGE	\$		64						
	64												
PERSONAL INJURY PROTECTION	65		\$	DED	\$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP		\$
	67		\$	WK LOSS	\$		63	68	F	FTW			
						COLLISION	62	67					\$
							63	68					
							64						
MEDICAL PAYMENTS	62	64		EACH PERSON	\$	TOWING & LABOR	63						\$
	63	67					67						
UNINSURED 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	\$	COMP / OTC	69						
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER	\$		70						
	63	67		BI EACH ACCIDENT	\$	SPECIFIED CAUSES OF LOSS	69						
	64			PROPERTY DAMAGE	\$		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			\$			STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE		NUMBER OF	HIRED PHYSICAL DAMAGE						
	NO			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  
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) ANOTHER TRUCKER UNDER A TRAILER  
 (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 INTERCHANGE AGREEMENT  
 (71) NON-OWNED AUTOS ONLY

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

**SIGNATURE**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF UNDERINSURED MOTORISTS LIMITS ARE NOT INDICATED, I HAVE ELECTED NOT TO PURCHASE THIS COVERAGE.

I HAVE ALSO BEEN OFFERED OPTIONAL PERSONAL INJURY PROTECTION COVERAGES. I HAVE REJECTED THE FOLLOWING:

1. AUTO MEDICAL EXPENSE COVERAGE \_\_\_\_\_ (INITIALS)                      3. FUNERAL EXPENSE COVERAGE \_\_\_\_\_ (INITIALS)

2. WORK LOSS COVERAGE \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE 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
-----------------------	------	----------------------	--------------------------