



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

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

**SIGNATURE**

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN?				Y / N
NAME OF PLAN	PERSON COVERED	NAME OF PLAN	PERSON COVERED	
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 INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.				
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	67			\$	DED	\$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP				
OBEL	65	67			\$				63	68	F	FTW					
ADDITIONAL P.I.P.	65				\$	WORK LOSS	\$	COLLISION	62	67							
	67				\$	OTHER EXP	\$		63	68							
WORK LOSS COORD	65	67	YES	NO				TOWING & LABOR	62	67							
MEDICAL EXP ELIM	65	67	NAMED INS ONLY			NAMED INSURED AND RELATIVES			63	68							
MEDICAL PAYMENTS	62	64	EACH PERSON		\$					63							
	63	67								67							
STATUTORY UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$					<b>TRAILER INTERCHANGE</b>							
	63	67	BI EACH ACCIDENT		\$	<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>FARTH ZONE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DUCTIBLE</b>					
	64					COMP / OTC	69										
SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	62	66	CSL	BI EA PER	\$		70										
	63	67	BI EACH ACCIDENT		\$	SPECIFIED CAUSES OF LOSS	69										
	64						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 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**

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NAME OF PLAN	PERSON COVERED	NAME OF PLAN	PERSON COVERED
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