



# INDIANA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
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## BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
LIABILITY	1	4			<input type="checkbox"/> CSL <input type="checkbox"/> 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		\$		
UNINSURED MOTORIST	2	6			<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		
	3	7			BI EACH ACCIDENT \$		
	4				PD \$ DED		
UNDERINSURED MOTORIST	2	6			<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		
	3	7			BI EACH ACCIDENT \$		
	4						
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 EMPLOYEES VOLUNTEERS PARTNERS		NUMBER OF			
		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

**TRUCKERS SECTION**

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																		
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE											
LIABILITY	<input type="checkbox"/>	41	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMP / OTC	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$	
	<input type="checkbox"/>	42	<input type="checkbox"/>	47	<input type="checkbox"/>	BI EACH ACCIDENT		\$	<input type="checkbox"/>	43	<input type="checkbox"/>		47	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW							
	<input type="checkbox"/>	43	<input type="checkbox"/>	50	<input type="checkbox"/>	PROPERTY DAMAGE		\$		<input type="checkbox"/>	42		<input type="checkbox"/>	46										
MEDICAL PAYMENTS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	EACH PERSON		\$																
	<input type="checkbox"/>	43	<input type="checkbox"/>		<input type="checkbox"/>																			
UNINSURED MOTORIST	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	TRAILER INTERCHANGE												
	<input type="checkbox"/>	43	<input type="checkbox"/>		<input type="checkbox"/>	BI EACH ACCIDENT		\$																
	<input type="checkbox"/>	45	<input type="checkbox"/>		<input type="checkbox"/>	PD \$		\$	DED															
UNDERINSURED MOTORIST	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMP / OTC	<input type="checkbox"/>	48	<input type="checkbox"/>									
	<input type="checkbox"/>	43	<input type="checkbox"/>		<input type="checkbox"/>	BI EACH ACCIDENT		\$																
	<input type="checkbox"/>	45	<input type="checkbox"/>		<input type="checkbox"/>																			
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	COST OF HIRE		<input type="checkbox"/>	IF ANY BASIS															
	<input type="checkbox"/>	NO			<input type="checkbox"/>	\$																		
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	COST OF HIRE		<input type="checkbox"/>	IF ANY BASIS															
	<input type="checkbox"/>	NO			<input type="checkbox"/>	\$																		
NON-OWNED LIABILITY	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	GROUP TYPE			NUMBER OF															
	<input type="checkbox"/>	NO			<input type="checkbox"/>	EMPLOYEES																		
					<input type="checkbox"/>	VOLUNTEERS																		
				<input type="checkbox"/>	PARTNERS																			
OTHER	<input type="checkbox"/>				<input type="checkbox"/>																			

**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**

**MOTOR CARRIER SECTION**

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		PD \$ \$ DED	COMP / OTC	69					
UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> 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 <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$
	NO		\$		70					
TRUCKERS HIRED/BORROWED LIABILITY	YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		\$							
NON-OWNED LIABILITY	YES STATES		GROUP TYPE							
				NUMBER OF						
	NO		<input type="checkbox"/> EMPLOYEES							
			<input type="checkbox"/> VOLUNTEERS							
			<input type="checkbox"/> PARTNERS							
OTHER				OTHER						

**ENDORSEMENTS / REMARKS**

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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
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