



AGENCY CUSTOMER ID: _____

WASHINGTON COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1	4			9	
	2	7			CSL	BI EA PER \$
	3	8			BI EACH ACCIDENT \$	PROPERTY DAMAGE \$
PERSONAL INJURY PROTECTION	2				MEDICAL EXPENSE \$	
	7				INCOME CONTIN \$	
ADD'L PERSONAL INJURY PROTECTION	2				SERVICE LOSS \$	
	7				FUNERAL EXPENSE \$	
MEDICAL PAYMENTS	2	4			EACH PERSON \$	
	3	7				
UNDERINSURED MOTORIST	2	6			CSL	
	3	7			BI EA PER \$	
HIRED/BORROWED LIABILITY	YES	STATES			BI EACH ACCIDENT \$	
	NO				PROPERTY DAMAGE \$	
NON-OWNED LIABILITY	YES	STATES			COST OF HIRE \$	
	NO				IF ANY BASIS	
		GROUP TYPE			NUMBER OF	
		EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
				STATES	# DAYS	
				# VEH	COVERAGE/DEDUCTIBLE	
				COMP \$		
				SPEC C OF L \$		
				COLL \$		
				COVERAGE IS:	PRIMARY	
					SECONDARY	
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

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

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"/>	42	<input type="checkbox"/>	47	BI EACH ACCIDENT		\$	<input type="checkbox"/>	43	<input type="checkbox"/>	47		SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	42	<input type="checkbox"/>					46	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$
	<input type="checkbox"/>	43	<input type="checkbox"/>	50	PROPERTY DAMAGE		\$	<input type="checkbox"/>	43	<input type="checkbox"/>	47			<input type="checkbox"/>	43	<input type="checkbox"/>					47	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW	\$		
PERSONAL INJURY PROTECTION	<input type="checkbox"/>	44	<input type="checkbox"/>		MEDICAL EXPENSE	\$			SERVICE LOSS	\$		COLLISION	<input type="checkbox"/>	42	<input type="checkbox"/>	46						\$						
ADD'L PERSONAL INJURY PROTECTION	<input type="checkbox"/>	46	<input type="checkbox"/>		INCOME CONTIN	\$			FUNERAL EXPENSE	\$			<input type="checkbox"/>	43	<input type="checkbox"/>	47							TOWING & LABOR					\$
MEDICAL PAYMENTS	<input type="checkbox"/>	42	<input type="checkbox"/>	46	EACH PERSON		\$	<input type="checkbox"/>	42	<input type="checkbox"/>	43	<input type="checkbox"/>	43	<input type="checkbox"/>	46	<input type="checkbox"/>	47	\$	\$									
					TRAILER INTERCHANGE																							
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"/>	43	<input type="checkbox"/>		BI EACH ACCIDENT		\$	<input type="checkbox"/>	48				SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	49													
	<input type="checkbox"/>	45	<input type="checkbox"/>		PROPERTY DAMAGE		\$		49					<input type="checkbox"/>	48													
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES		COST OF HIRE		<input type="checkbox"/>	IF ANY BASIS				COLLISION	<input type="checkbox"/>	48														
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/>	NO			\$								<input type="checkbox"/>	49									\$					
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES		COST OF HIRE		<input type="checkbox"/>	IF ANY BASIS				HIRED PHYSICAL DAMAGE	STATES		# DAYS	# VEH												
	<input type="checkbox"/>	NO			\$																							
	<input type="checkbox"/>	YES	STATES		GROUP TYPE			NUMBER OF																				
	<input type="checkbox"/>	NO			EMPLOYEES																							
	<input type="checkbox"/>				VOLUNTEERS																							
	<input type="checkbox"/>				PARTNERS																							
OTHER											OTHER			PRIMARY			SECONDARY											

ENDORSEMENTS / REMARKS

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	61	67	CSL	BI EA PER	\$	
	62	68	BI EACH ACCIDENT		\$	
	63	71	PROPERTY DAMAGE		\$	
	64					
PERSONAL INJURY PROTECTION	65		MEDICAL EXPENSE	\$	SERVICE LOSS	\$
	67		INCOME CONTIN	\$	FUNERAL EXPENSE	\$
ADD'L PERSONAL INJURY PROTECTION	65	\$				
	67					
MEDICAL PAYMENTS	62	64	EACH PERSON	\$		
	63	67				
TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE
UNDERINSURED MOTORIST	62	66	COMP / OTC	69		
	63	67		70		
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	\$	IF ANY BASIS	
	NO					
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE	\$	IF ANY BASIS	
	NO					
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		
	NO					
			EMPLOYEES			
			VOLUNTEERS			
			PARTNERS			
OTHER			OTHER			

COVERED AUTO SYMBOLS
 (61) ANY AUTO
 (62) OWNED AUTOS ONLY
 (63) OWNED PRIVATE PASS AUTOS ONLY

(64) OWNED COMMERCIAL AUTOS ONLY
 (65) OWNED AUTOS SUBJECT TO NO-FAULT
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(67) SPECIFICALLY DESCRIBED AUTOS
 (68) HIRED AUTOS ONLY
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. 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 WITHOUT YOUR AUTHORIZATION. 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.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

UNDERINSURED MOTORISTS COVERAGE STATEMENT: I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.

1. I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE _____ (INITIALS)
2. I HAVE SELECTED UIM BI LIMITS EQUAL TO MY BI COVERAGE, BUT UIM PD LIMITS LOWER THAN MY PD COVERAGE _____ (INITIALS)
3. I HAVE SELECTED UIM BI LIMITS LOWER THAN MY BI COVERAGE, BUT UIM PD LIMITS EQUAL TO MY PD COVERAGE _____ (INITIALS)
4. I HAVE SELECTED UIM BI LIMITS AND UIM PD LIMITS LOWER THAN MY BI AND PD COVERAGE. _____ (INITIALS)
5. I HAVE REJECTED UIM BI COVERAGE _____ (INITIALS)
6. I HAVE REJECTED UIM PD COVERAGE _____ (INITIALS)

I UNDERSTAND THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE READ AND SIGNED ACORD 62 WA, MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE.

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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