

# ACORD™ TEXAS 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 9	CSL BI EA PER \$					
	2 7	BI EACH ACCIDENT \$					
	3 8	PROPERTY DAMAGE \$					
PERSONAL INJURY PROTECTION	5	EACH PERSON \$	<b>PHYSICAL DAMAGE</b>				
	7	AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$					
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	TOWING & LABOR	3 7	\$		
	3 7		COMPREHENSIVE	2 4 8			
UNINSURED/UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	3 7			
	3 7	BI EACH ACCIDENT \$		2 4 8			
	4	PROPERTY DAMAGE \$ DED	COLLISION	3 7			
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					SPEC C OF L \$
		PARTNERS					COLL \$
			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				

## TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	42 47	BI EACH ACCIDENT \$		42 46				\$	
	43 50	PROPERTY DAMAGE \$		43 47					
PERSONAL INJURY PROTECTION	44	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$			
	46	AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$		43 47	F FTW				
MEDICAL PAYMENTS	42 46	EACH PERSON \$	COLLISION	42 46		\$			
	43			43 47					
UNINSURED/UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	<b>TRAILER INTERCHANGE</b>						
	43 45	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$ DED	COMPREHENSIVE	48 49					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 49					
	NON-OWNED AUTO LIABILITY	YES STATES NO		COLLISION	48 49				
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF		EMPLOYEES					
		VOLUNTEERS							
		PARTNERS							
			COVERAGE IS:		PRIMARY	SECONDARY			
OTHER			OTHER						
<b>COVERED AUTO SYMBOLS</b>	(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					

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE																							
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62	67				\$																
	62	68	BI EACH ACCIDENT \$		63	68																				
	63	71	PROPERTY DAMAGE \$		64																					
	64																									
PERSONAL INJURY PROTECTION	65		EACH PERSON \$	SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP			\$																
	67		AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$		63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW																			
				COLLISION	62	67				\$																
					63	68																				
					64																					
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63					\$																
	63	67			67																					
UNINSURED/UNDERINSURED MOTORIST	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	<b>TRAILER INTERCHANGE</b>																						
	63	67	BI EACH ACCIDENT \$	<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>STATE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>																
	64		PROPERTY DAMAGE \$ DED	COMPREHENSIVE	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					\$																
					70																					
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH																			
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE																							
			EMPLOYEES																							
			VOLUNTEERS																							
			PARTNERS																							
OTHER				OTHER																						
<table style="width:100%; border:none;"> <tr> <td style="width:25%;"><b>COVERED AUTO SYMBOLS</b></td> <td style="width:25%;">(64) OWNED COMMERCIAL AUTOS ONLY</td> <td style="width:25%;">(67) SPECIFICALLY DESCRIBED AUTOS</td> <td style="width:25%;">(70) YOUR TRAILERS IN THE POSSESSION OF</td> </tr> <tr> <td>(61) ANY AUTO</td> <td>(65) OWNED AUTOS SUBJECT TO NO-FAULT</td> <td>(68) HIRED AUTOS ONLY</td> <td>ANOTHER TRUCKER UNDER A TRAILER</td> </tr> <tr> <td>(62) OWNED 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>INTERCHANGE AGREEMENT</td> </tr> <tr> <td>(63) OWNED PRIVATE PASS AUTOS ONLY</td> <td></td> <td></td> <td>(71) NON-OWNED AUTOS ONLY</td> </tr> </table>											<b>COVERED AUTO SYMBOLS</b>	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF	(61) ANY AUTO	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	ANOTHER TRUCKER UNDER A TRAILER	(62) OWNED AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	INTERCHANGE AGREEMENT	(63) OWNED PRIVATE PASS AUTOS ONLY			(71) NON-OWNED AUTOS ONLY
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**ENDORSEMENTS**

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 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. 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 INSTRUCTION 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 AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS (UM/UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM/UIM BI AND/OR UM/UIM PD COVERAGES ENTIRELY.

1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)
2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)
3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. \_\_\_\_\_ (INITIALS)

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