



# ALABAMA 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 <input type="checkbox"/> BI EA PER \$			
	2	7			BI EACH ACCIDENT \$			
	3	8			PROPERTY DAMAGE \$			
<b>PHYSICAL DAMAGE</b>								
			TOWING & LABOR	3	\$			
			COMP / OTC	2	4			
				3	7	8		
MEDICAL PAYMENTS	2	4	8	SPECIFIED CAUSES OF LOSS	EACH PERSON \$			
	3	7			2	4		
UNINSURED MOTORIST	2	6		COLLISION	CSL <input type="checkbox"/> BI EA PER \$			
	3	7			2	4		
	4				3	7	8	
HIRED/BORROWED LIABILITY	YES	STATES		HIRED PHYSICAL DAMAGE	COST OF HIRE \$ IF ANY BASIS			
	NO				STATES	# DAYS		
NON-OWNED LIABILITY	YES	STATES		PARTNERS	NUMBER OF	COVERAGE/DEDUCTIBLE		
	NO						EMPLOYEES	COMP / OTC \$
							VOLUNTEERS	SPEC C OF L \$
						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		COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE							
	42	47					COMP / OTC	42	46	\$			
	43	50						43	47				
			SPECIFIED CAUSES OF LOSS	42	46	\$							
				43	47								
			COLLISION	42	46	\$							
				43	47								
MEDICAL PAYMENTS	42	46	TOWING & LABOR	46	\$								
UNINSURED MOTORIST	42	46	<b>TRAILER INTERCHANGE</b>										
	43		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE				
	45		COMP / OTC	48									
				49									
			SPECIFIED CAUSES OF LOSS	48									
				49									
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COLLISION	48					\$				
	NO			49									
HIRED/BORROWED LIABILITY	YES	STATES	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH							
	NO												
NON-OWNED AUTO LIABILITY	YES	STATES	PARTNERS	NUMBER OF	COVERAGE IS:	PRIMARY	SECONDARY						
	NO												
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 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	62 <input type="checkbox"/>	68 <input type="checkbox"/>	BI EACH ACCIDENT \$		COMP / OTC	62 <input type="checkbox"/>			67 <input type="checkbox"/>	\$
	63 <input type="checkbox"/>	71 <input type="checkbox"/>	PROPERTY DAMAGE \$			63 <input type="checkbox"/>			68 <input type="checkbox"/>	
	64 <input type="checkbox"/>				64 <input type="checkbox"/>					
				SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/>	67 <input type="checkbox"/>	\$			
			63 <input type="checkbox"/>		68 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP				
			64 <input type="checkbox"/>			<input type="checkbox"/> F <input type="checkbox"/> FTW				
				COLLISION	62 <input type="checkbox"/>	67 <input type="checkbox"/>	\$			
			63 <input type="checkbox"/>		68 <input type="checkbox"/>					
			64 <input type="checkbox"/>							
MEDICAL PAYMENTS	62 <input type="checkbox"/>	64 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>	\$				
	63 <input type="checkbox"/>	67 <input type="checkbox"/>			67 <input type="checkbox"/>					
UNINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64 <input type="checkbox"/>			COMP / OTC	69 <input type="checkbox"/>					
						70 <input type="checkbox"/>				
NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	69 <input type="checkbox"/>					\$
	NO <input type="checkbox"/>				70 <input type="checkbox"/>					
HIRED/BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO <input type="checkbox"/>									
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE		COVERAGE IS:		PRIMARY	SECONDARY		
	NO <input type="checkbox"/>		EMPLOYEES		NUMBER OF					
			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**

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 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.

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 MOTORISTS (UM) BODILY INJURY (BI) COVERAGE HAS BEEN OFFERED TO ME.  
 1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)  
 2. I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. (Signature Required)

\_\_\_\_\_  
 Named Insured Signature

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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