

ACORD™ GEORGIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

PRODUCER	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 \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	3 7	\$
			COMPREHENSIVE	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 6	CSL BI EA PER \$ DED \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$ DED \$		3 7	
	4	PROPERTY DAMAGE \$ DED \$			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS		STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	HIRED PHYSICAL DAMAGE	COMP \$ SPEC C OF L \$ COLL \$
			COVERAGES 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

TRUCKERS SECTION

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

MOTOR CARRIER SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																	
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI EA PER	\$	COVERAGES			COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE						
	<input type="checkbox"/>	62	<input type="checkbox"/>	68	<input type="checkbox"/>	BI EACH ACCIDENT \$				COMPREHENSIVE	<input type="checkbox"/>	62	<input type="checkbox"/>	67	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$		
	<input type="checkbox"/>	63	<input type="checkbox"/>	71	<input type="checkbox"/>	PROPERTY DAMAGE \$				<input type="checkbox"/>	63	<input type="checkbox"/>	68	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW	<input type="checkbox"/>					
	<input type="checkbox"/>	64								<input type="checkbox"/>	64												
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	<input type="checkbox"/>	EACH PERSON \$				TOWING & LABOR	<input type="checkbox"/>	63			\$								
UNINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI EA PER	\$	DED	\$	TRAILER INTERCHANGE											
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	<input type="checkbox"/>	BI EACH ACCIDENT \$				DED	\$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE					
	<input type="checkbox"/>	64			<input type="checkbox"/>	PROPERTY DAMAGE \$				DED	\$	COMPREHENSIVE	<input type="checkbox"/>	69									
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	COST OF HIRE \$ IF ANY BASIS						COLLISION	<input type="checkbox"/>	69								\$	
	<input type="checkbox"/>	NO			<input type="checkbox"/>	COST OF HIRE \$ IF ANY BASIS							<input type="checkbox"/>	70									
HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	COST OF HIRE \$ IF ANY BASIS																	
	<input type="checkbox"/>	NO			<input type="checkbox"/>	COST OF HIRE \$ IF ANY BASIS																	
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	GROUP TYPE		NUMBER OF				HIRED PHYSICAL DAMAGE											
	<input type="checkbox"/>	NO			<input type="checkbox"/>	EMPLOYEES																	
					<input type="checkbox"/>	VOLUNTEERS																	
					<input type="checkbox"/>	PARTNERS																	
OTHER																							
COVERED AUTO SYMBOLS		(61) ANY AUTO		(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 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, COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS COVERAGE HAS BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION. I HAVE ALSO SIGNED THE STATE SUPPLEMENT TO THIS APPLICATION.

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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