

ACORD™ SOUTH CAROLINA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)	FACILITY CODE
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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 7	DEDUCTIBLE \$ \$	PHYSICAL DAMAGE		
ADDL PERSONAL INJURY PROTECTION	5 7	WK LOSS \$ MED \$	TOWING & LABOR	3 7	\$
			COMPREHENSIVE	2 3 4 7 8	
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 3 4 7 8	
UNINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ \$ DED	COLLISION	2 3 4 7 8	
UNDERINSURED MOTORIST	2 3 4 6 7	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ \$ DED			
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 PARTNERS			
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 \$							
PERSONAL INJURY PROTECTION	44 46	DEDUCTIBLE \$ \$	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP		\$		
				43 47	F FTW				
ADDITIONAL P.I.P.	44 46	WK LOSS \$ MED \$	COLLISION	42 46			\$		
				43 47					
MEDICAL PAYMENTS	42 43 46	EACH PERSON \$	TOWING & LABOR	46			\$		
UNINSURED MOTORIST	42 43 46	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ \$ DED	TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
UNDERINSURED MOTORIST	42 43 46	CSL BI EA PER \$ BI EACH ACCIDENT \$ 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	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH					
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS							
OTHER			OTHER						
COVERED AUTO SYMBOLS		(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																
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE										
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI EA PER	\$	COMPREHENSIVE	<input type="checkbox"/>	62	<input type="checkbox"/>	67		\$					
	<input type="checkbox"/>	62	<input type="checkbox"/>	68	BI EACH ACCIDENT		\$	<input type="checkbox"/>	63		<input type="checkbox"/>	68									
	<input type="checkbox"/>	63	<input type="checkbox"/>	71	PROPERTY DAMAGE		\$	<input type="checkbox"/>	64		<input type="checkbox"/>	64									
	<input type="checkbox"/>	64																			
PERSONAL INJURY PROTECTION	<input type="checkbox"/>	65								SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	62	<input type="checkbox"/>	67	<input type="checkbox"/>	SCL	<input type="checkbox"/>	FT	<input type="checkbox"/>	LSP	\$
	<input type="checkbox"/>	67	\$		\$				<input type="checkbox"/>		63	<input type="checkbox"/>	68	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW				
	<input type="checkbox"/>	64							<input type="checkbox"/>		64	<input type="checkbox"/>	64								
ADDL PERSONAL INJURY PROTECTION	<input type="checkbox"/>	65			WK LOSS	\$				COLLISION	<input type="checkbox"/>	62	<input type="checkbox"/>	67		\$					
	<input type="checkbox"/>	67			MED	\$			<input type="checkbox"/>		63	<input type="checkbox"/>	68								
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	EACH PERSON	\$				TOWING & LABOR	<input type="checkbox"/>	63				\$					
	<input type="checkbox"/>	63	<input type="checkbox"/>	67							<input type="checkbox"/>	67									
UNINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI EA PER	\$	TRAILER INTERCHANGE											
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	BI EACH ACCIDENT	\$				COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE					
	<input type="checkbox"/>	64			PROPERTY DAMAGE	\$			DED	COMPREHENSIVE	69										
	<input type="checkbox"/>	64								SPECIFIED CAUSES OF LOSS	70										
UNDERINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI EA PER	\$	COLLISION	<input type="checkbox"/>	69									
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	BI EACH ACCIDENT	\$					70										
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES		COST OF HIRE			IF ANY BASIS		COLLISION	<input type="checkbox"/>	69						\$			
	<input type="checkbox"/>	NO			\$				<input type="checkbox"/>		70										
HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES		COST OF HIRE			IF ANY BASIS		HIRED PHYSICAL DAMAGE	STATES		# DAYS	# VEH							
	<input type="checkbox"/>	NO			\$																
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES		GROUP TYPE			NUMBER OF		HIRED PHYSICAL DAMAGE	STATES		# DAYS	# VEH							
	<input type="checkbox"/>	NO			EMPLOYEES																
	<input type="checkbox"/>				VOLUNTEERS																
OTHER					PARTNERS						COVERAGE IS:			PRIMARY	SECONDARY						
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

<p>THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.</p> <p>NOTICE OF INSURANCE INFORMATION PRACTICES</p> <p>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.</p> <p>IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.</p> <p>IF I AM REQUESTING INSURANCE FOR ANY INDIVIDUALLY OWNED PICKUP TRUCK, PANEL TRUCK, VAN, OR SIMILAR MOTOR VEHICLE, AND I HAVE PREVIOUSLY USED THE VEHICLE(S) IN MY BUSINESS, I HAVE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION EITHER A COPY OF MY BUSINESS LICENSE, OR A COPY OF IRS FORM 1040, SCHEDULE C OR SCHEDULE C-EZ, DETAILING NET PROFIT OR LOSS DERIVED FROM THE LEGITIMATE COMMERCIAL USE OF THE VEHICLE(S). IF I HAVE NOT PREVIOUSLY USED SUCH VEHICLE(S) IN MY BUSINESS, OR IF I HAVE A NEW COMMERCIAL ENTERPRISE, I HAVE READ AND SIGNED THE SOUTH CAROLINA COMMERCIAL AUTO SUPPLEMENT, ACORD 62 SC.</p> <p>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.</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">APPLICANT'S SIGNATURE</td> <td style="width:15%;">DATE</td> <td style="width:35%;">PRODUCER'S SIGNATURE</td> <td style="width:15%;">NATIONAL PRODUCER NUMBER</td> </tr> </table>	APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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