



AGENCY CUSTOMER ID: \_\_\_\_\_

# LOUISIANA 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			<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$
	2	7			BI EACH ACCIDENT \$
	3	8			PROPERTY DAMAGE \$
<b>PHYSICAL DAMAGE</b>					
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 3	4 7
MEDICAL PAYMENTS	2 3	4 7	SPECIFIED CAUSES OF LOSS	2 3	4 7
UNINSURED MOTORIST	2	6	COLLISION		ECONOMIC & NON ECONOMIC LOSSES <input type="checkbox"/> ECONOMIC LOSSES ONLY
	3	7			<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$
	4				BI EACH ACCIDENT \$
					PROPERTY DAMAGE \$
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$	<input type="checkbox"/> IF ANY BASIS	
NON-OWNED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE
			<input type="checkbox"/> EMPLOYEES		
			<input type="checkbox"/> VOLUNTEERS		
			<input type="checkbox"/> PARTNERS		
			COVERAGE IS:		<input type="checkbox"/> PRIMARY <input type="checkbox"/> 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

**ENDORSEMENTS / REMARKS**

**TRUCKERS SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	41	46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE	
	42	47	BI EACH ACCIDENT \$		COMP / OTC	42	46				\$
	43	50	PROPERTY DAMAGE \$			43	47				
				SPECIFIED CAUSES OF LOSS	42	46	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP			\$	
					43	47	<input type="checkbox"/> F <input type="checkbox"/> FTW				
				COLLISION	42	46				\$	
					43	47					
MEDICAL PAYMENTS	42	46	EACH PERSON \$	TOWING & LABOR	46					\$	
	43										
UNINSURED MOTORIST	42	46	<input type="checkbox"/> ECONOMIC & NON ECONOMIC LOSSES <input type="checkbox"/> ECONOMIC LOSSES ONLY	TRAILER INTERCHANGE							
	43		<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	45		BI EACH ACCIDENT \$	COMP / OTC	48						
			PROPERTY DAMAGE \$		49						
				SPECIFIED CAUSES OF LOSS	48						
					49						
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	48					\$	
					49						
TRUCKERS 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				COVERAGE IS:	PRIMARY	SECONDARY	

**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

**ENDORSEMENTS / REMARKS**

**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE			
	62	68	BI EACH ACCIDENT \$		COMP / OTC	62			67		
	63	71	PROPERTY DAMAGE \$			63			68		
	64					64					
				SPECIFIED CAUSES OF LOSS	62	67	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$			
					63	68	<input type="checkbox"/> F <input type="checkbox"/> FTW				
					64						
				COLLISION	62	67		\$			
					63	68					
					64						
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR	63		\$				
	63	67			67						
UNINSURED MOTORIST	62	66	<input type="checkbox"/> ECONOMIC & NON ECONOMIC LOSSES <input type="checkbox"/> ECONOMIC LOSSES ONLY	TRAILER INTERCHANGE							
	63	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64		BI EACH ACCIDENT \$	COMP / OTC	69						
			PROPERTY DAMAGE \$		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						
TRUCKERS 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		NUMBER OF						
			<input type="checkbox"/> EMPLOYEES								
			<input type="checkbox"/> VOLUNTEERS								
			<input type="checkbox"/> PARTNERS								
OTHER				OTHER				COVERAGE IS:	PRIMARY	SECONDARY	

**ENDORSEMENTS / REMARKS**

PERSONAL INFORMATION ABOUT YOU 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.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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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**STATE OF LOUISIANA**

This form is in compliance with LSA - R.S. 22:680. This form may not be altered or modified.

**UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM**

**Uninsured / Underinsured Motorists Bodily Injury Coverage**, referred to as "UMBI" in this form, is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI coverage may not be available from your insurance company. In this case, your company will have marked options 3 and 4 below as "Not Available".)

**UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE**

You may select one of the following UMBI Coverage options (initial only one option):

- 1. \_\_\_\_\_ I **select UMBI Coverage** which will compensate me for my economic and non-economic losses with the same limits as my Bodily Injury Liability Coverage.  
initials

**Economic losses** are those which can be measured in specific monetary terms including, but not limited to, medical costs, funeral expenses, lost wages, and out of pocket expenses.

**Non-economic losses** are losses other than economic losses and include, but are not limited to, pain, suffering, inconvenience, and mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

- 2. \_\_\_\_\_ I **select UMBI Coverage** which will compensate me for my economic and non-economic losses **with limits lower** than my Bodily Injury Liability Coverage limits:  
initials  
\$ \_\_\_\_\_ each person                      \$ \_\_\_\_\_ each accident
- 3. \_\_\_\_\_ I **select Economic-Only UMBI Coverage** which will compensate me only for my economic losses with the same limits as my Bodily Injury Liability Coverage.  
initials
- 4. \_\_\_\_\_ I **select Economic-Only UMBI Coverage** which will compensate me only for my economic losses **with limits lower** than my Bodily Injury Liability Coverage limits:  
initials  
\$ \_\_\_\_\_ each person                      \$ \_\_\_\_\_ each accident
- 5. \_\_\_\_\_ I **do not want UMBI Coverage**. I understand that **I will not be compensated through UMBI coverage** for losses arising from an accident caused by an uninsured/underinsured motorist.  
initials

**SIGNATURE**

**The choice I made by my initials on this form will apply to all persons insured under my policy. My choice shall apply to the motor vehicles described in the policy and to any replacement vehicles, to all renewals of my policy, and to all reinstatement or substitute policies until I make a written request for a change in my Bodily Injury Liability Coverage or UMBI Coverage.**

\_\_\_\_\_  
Named Insured or Legal Representative (Please Print)

\_\_\_\_\_  
Signature of a Named Insured or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy Number

**Effective Date:** January 1, 2007

**UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE**

You may select one of the following options (initial only one option):

- 1. \_\_\_\_\_ I understand and acknowledge that Uninsured Motorists Property Damage (UMPD) has been offered to me.  
initials
- 2. \_\_\_\_\_ I reject UMPD Coverage.  
initials

\_\_\_\_\_  
Signature of a Named Insured or Legal Representative

\_\_\_\_\_  
Date