

# ACORD™ BUSINESS AUTO SECTION

DATE (MM/DD/YY)

<b>PRODUCER</b>	PHONE (A/C, No, Ext): FAX NO. (A/C, No, Ext):	<b>APPLICANT</b> (First Named Insured)	<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	<b>DIRECT BILL</b>	<b>PAYMENT PLAN</b>	<b>AUDIT</b>
				AGENCY BILL			
<b>CODE:</b>		<b>SUB CODE:</b>		<b>FOR COMPANY USE ONLY</b>			
<b>AGENCY CUSTOMER ID:</b>							

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				OR EQUIVALENT DEDUCTIBLE							
	7				NO-FAULT COVERAGE \$							
ADDITIONAL P.I.P.	5			TOTAL	W/C \$	TOWING & LABOR	3					
	7				M/E \$		7					\$
MEDICAL PAYMENTS	2	4	8		EACH PERSON \$	COMPREHENSIVE	2	4	8			
	3	7					3	7				
UNINSURED MOTORIST	2	6		CSL	BI EA PER \$	SPECIFIED CAUSES OF LOSS	2	4	8			
	3	7			BI EACH ACCIDENT \$		3	7				
	4				PROPERTY DAMAGE \$	COLLISION	2	4	8			
3	7			BI EACH ACCIDENT \$	3		7					
UNDERINSURED MOTORIST	2	6		CSL	BI EA PER \$							
	3	7			BI EACH ACCIDENT \$							
	4				PROPERTY DAMAGE \$							
HIRED/BORROWED LIABILITY	STATES			COST OF HIRE \$		IF ANY BASIS	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE		
NON-OWNED LIABILITY	STATES			GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE				COMP \$	
				EMPLOYEES								SPEC C OF L \$
				VOLUNTEERS								COLL \$
				PARTNERS								
							COVERAGE IS:		PRIMARY		SECONDARY	

**ENDORSEMENTS, FORMS, CONDITIONS** **PIP Per/Acc Limits:**

**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

**DRIVER INFORMATION (Include drivers who frequently use own vehicles)**

DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE

**VEHICLE DESCRIPTION**

VEH #	YEAR	MAKE:	BODY TYPE:	SYM/AGE	COST NEW
		MODEL:	V.I.N.:		\$
CITY, STATE, ZIP WHERE GARAGED		TERR	GVW/GCW	CLASS	SIC
				FACTOR	SEAT CF
				RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR
UNDER 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR
15 MILES OR OVER	FARM	SERVICE	PIP	UNINS MOTOR	SPEC C OF L

VEHICLE DESCRIPTION (continued)															
VEH #	YEAR	MAKE:			BODY TYPE:					SYM/AGE	COST NEW				
		MODEL:			V.I.N.:					\$					
CITY, STATE, ZIP WHERE GARAGED				TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CF	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE		COMML	CHECK COVERAGES		ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
<input type="checkbox"/>	UNDER 15 MILES	<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	LIAB	<input type="checkbox"/>	FT	<input type="checkbox"/>	COMP	AA	<input type="checkbox"/>	ST AMT	
<input type="checkbox"/>	15 MILES OR OVER	<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	PIP	<input type="checkbox"/>	FTW	<input type="checkbox"/>	COLL	\$	\$ COLL		
VEH #	YEAR	MAKE:			BODY TYPE:					SYM/AGE	COST NEW				
		MODEL:			V.I.N.:					\$					
CITY, STATE, ZIP WHERE GARAGED				TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CF	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE		COMML	CHECK COVERAGES		ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
<input type="checkbox"/>	UNDER 15 MILES	<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	LIAB	<input type="checkbox"/>	FT	<input type="checkbox"/>	COMP	AA	<input type="checkbox"/>	ST AMT	
<input type="checkbox"/>	15 MILES OR OVER	<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	PIP	<input type="checkbox"/>	FTW	<input type="checkbox"/>	COLL	\$	\$ COLL		
VEH #	YEAR	MAKE:			BODY TYPE:					SYM/AGE	COST NEW				
		MODEL:			V.I.N.:					\$					
CITY, STATE, ZIP WHERE GARAGED				TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CF	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE		COMML	CHECK COVERAGES		ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
<input type="checkbox"/>	UNDER 15 MILES	<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	LIAB	<input type="checkbox"/>	FT	<input type="checkbox"/>	COMP	AA	<input type="checkbox"/>	ST AMT	
<input type="checkbox"/>	15 MILES OR OVER	<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	PIP	<input type="checkbox"/>	FTW	<input type="checkbox"/>	COLL	\$	\$ COLL		
VEH #	YEAR	MAKE:			BODY TYPE:					SYM/AGE	COST NEW				
		MODEL:			V.I.N.:					\$					
CITY, STATE, ZIP WHERE GARAGED				TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CF	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE		COMML	CHECK COVERAGES		ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
<input type="checkbox"/>	UNDER 15 MILES	<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	LIAB	<input type="checkbox"/>	FT	<input type="checkbox"/>	COMP	AA	<input type="checkbox"/>	ST AMT	
<input type="checkbox"/>	15 MILES OR OVER	<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	PIP	<input type="checkbox"/>	FTW	<input type="checkbox"/>	COLL	\$	\$ COLL		
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (ATTACH acord 45 FOR ADDITIONAL NAMES)															
INTEREST	RANK:	NAME AND ADDRESS			REFERENCE #:			CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER				
<input type="checkbox"/>	ADDITIONAL INSURED										LOCATION:		BUILDING:		
<input type="checkbox"/>	LOSS PAYEE										VEHICLE:		BOAT:		
<input type="checkbox"/>	MORTGAGEE										SCHEDULED ITEM NUMBER:				
<input type="checkbox"/>	LIENHOLDER										OTHER				
<input type="checkbox"/>	EMPLOYEE AS LESSOR														
ITEM DESCRIPTION:															
GENERAL INFORMATION															
EXPLAIN ALL "YES" RESPONSES							YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?						
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?									8. ANY HOLD HARMLESS AGREEMENTS?						
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?									9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.						
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?									10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?						
4. ARE ANY VEHICLES LEASED TO OTHERS?									11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?						
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?									12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?						
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?									13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?						
DESCRIPTION OF GARAGE/STORAGE LOCATIONS							MAXIMUM DOLLAR VALUE SUBJECT TO LOSS								
REMARKS															
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)															
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.															
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:							<input type="checkbox"/> SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, <input type="checkbox"/> SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR <input type="checkbox"/> REJECTING COVERAGE ENTIRELY.								
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.							1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP _____ (APPLICANT'S SIGNATURE)								
							2. I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)								
							3. I REJECT UIM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)								
							4. I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)								
							5. I REJECT UIM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)								
ACORD 127 (2/95) ATTACH TO APPLICANT INFORMATION SECTION															