



AGENCY CUSTOMER ID: _____

NORTH 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 \$				
			PHYSICAL DAMAGE <i>*Include the Fire District name and code # if fire or comprehensive coverage is provided</i>			
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	COMP/OTC	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		COLLISION	2 4 8		
UNINSURED/UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$		3 7		
	3 7	BI EACH ACCIDENT \$	TOWING & LABOR	3	\$	
	4			7		
UNINSURED MOTORIST	2 6	PROPERTY DAMAGE \$				
	3 7					
	4					
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	STATES	# DAYS	# VEH	
NON-OWNED LIABILITY	YES STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE	COVERAGE/DEDUCTIBLE		
	NO	EMPLOYEES				NUMBER OF
		VOLUNTEERS				
		PARTNERS				
			COVERAGE 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			

ENDORSEMENTS/REMARKS

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE										
					*Include the Fire District name and code # if fire or comprehensive coverage is provided										
			CSL	BI EA PER	\$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE						
LIABILITY	41	46				COMP/OTC	42	46							
	42	47					43	47							
	43	50													
MEDICAL PAYMENTS	42	46				SPECIFIED CAUSES OF LOSS*	42	46		SCL	FT	LSP			
	43						43	47		F	FTW				
UNINSURED MOTORIST	42	46				COLLISION	42	46							
	43						43	47							
	45														
UNINSURED/UNDERINSURED MOTORIST	42	46				TOWING & LABOR	46								
	43														
	45														
UNINSURED MOTORIST	42	46				SPECIFIED CAUSES OF LOSS*	48								
	43						49								
	45														
NON-TRUCKERS HIRED/BORROWED	YES	STATES				COLLISION	48								
	NO						49								
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES				HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH						
	NO														
NON-OWNED AUTO LIABILITY	YES	STATES				OTHER	COVERAGE IS:			PRIMARY		SECONDARY			
	NO														
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

ENDORSEMENTS/REMARKS

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE <small>*Include the Fire District name and code # if fire or comprehensive coverage is provided</small>							
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
LIABILITY	61 <input type="checkbox"/>	67 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	62 <input type="checkbox"/>	67 <input type="checkbox"/>					
	62 <input type="checkbox"/>	68 <input type="checkbox"/>		63 <input type="checkbox"/>	68 <input type="checkbox"/>					
	63 <input type="checkbox"/>	71 <input type="checkbox"/>		64 <input type="checkbox"/>	64 <input type="checkbox"/>					
	64 <input type="checkbox"/>									
			SPECIFIED CAUSES OF LOSS*	62 <input type="checkbox"/>	67 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>				
				63 <input type="checkbox"/>	68 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>				
				64 <input type="checkbox"/>						
MEDICAL PAYMENTS	62 <input type="checkbox"/>	64 <input type="checkbox"/>	EACH PERSON \$	62 <input type="checkbox"/>	67 <input type="checkbox"/>					
	63 <input type="checkbox"/>	67 <input type="checkbox"/>		63 <input type="checkbox"/>	68 <input type="checkbox"/>	\$				
	64 <input type="checkbox"/>			64 <input type="checkbox"/>						
UNINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	63 <input type="checkbox"/>	67 <input type="checkbox"/>					
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	64 <input type="checkbox"/>						
	64 <input type="checkbox"/>									
UNINSURED/ UNDERINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE <small>*Include the Fire District name and code # if fire or comprehensive coverage is provided</small>						
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64 <input type="checkbox"/>			69						
UNINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	PROPERTY DAMAGE \$	70						
	63 <input type="checkbox"/>	67 <input type="checkbox"/>		69						
	64 <input type="checkbox"/>			70						
NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	69						\$
	NO <input type="checkbox"/>		\$	70						
TRUCKERS HIRED/BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	STATES		# DAYS	# VEH			
	NO <input type="checkbox"/>		\$							
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF		HIRED PHYSICAL DAMAGE				
	NO <input type="checkbox"/>		EMPLOYEES							
			VOLUNTEERS							
			PARTNERS			COVERAGE IS:			PRIMARY	SECONDARY
OTHER				OTHER						

ENDORSEMENTS/REMARKS

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.

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 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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