



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

**GEORGIA COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**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 \$			
			<b>PHYSICAL DAMAGE</b>		
			TOWNG & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
TRADITIONAL (REDUCED) UNINSURED MOTORIST	2 6 3 7 4	CSL BI EA PER \$ DED \$ BI EACH ACCIDENT \$ DED \$ PROPERTY DAMAGE \$ DED \$	COLLISION	2 4 8 3 7	
NEW (ADDED ON) UNINSURED MOTORIST (IF APPLICABLE)	2 6 3 7 4	CSL BI EA PER \$ DED \$ BI EACH ACCIDENT \$ DED \$ PROPERTY DAMAGE \$ DED \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS		STATES # DAYS # VEH	COVERAGES / DEDUCTIBLE COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE		
			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		

**ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)****SIGNATURE**

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I UNDERSTAND AND ACKNOWLEDGE THAT TRADITIONAL (REDUCED) UNINSURED MOTORIST COVERAGE AND, IF APPLICABLE, NEW (ADDED ON) UNINSURED MOTORIST COVERAGE HAVE BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN 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	NATIONAL PRODUCER NUMBER
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**TRUCKERS SECTION**

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																																																											
LIABILITY	<input type="checkbox"/>	41	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI EA PER	\$																																																								
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**MOTOR CARRIER SECTION**

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE								
LIABILITY		61	67	CSL	BI EA PER \$	COMP / OTC		62	67					
		62	68		BI EACH ACCIDENT \$			63	68					
		63	71		PROPERTY DAMAGE \$			64						
		64												
						SPECIFIED CAUSES OF LOSS		62	67	SCL	FT	LSP		
								63	68	F	FTW			\$
								64						
								62	67					
								63	68					\$
								64						
MEDICAL PAYMENTS		62	64		EACH PERSON \$	TOWING & LABOR		63						\$
		63	67					67						
UNINSURED MOTORIST		62	66	CSL	BI EA PER \$ DED \$	<b>TRAILER INTERCHANGE</b>								
		63	67		BI EACH ACCIDENT \$ DED \$	<b>COVERAGES</b>	<b>SYMBOL</b>	<b># TRAILERS</b>	<b>FARTH ZONE</b>	<b># DAYS</b>	<b>RADIUS</b>	<b>DEDUCTIBLE</b>		
		64			PROPERTY DAMAGE \$ DED \$	COMP / OTC	69							
							70							
						SPECIFIED CAUSES OF LOSS	69							
							70							
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS	COLLISION	69							\$
	NO			\$			70							
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH					
	NO			\$										
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF									
	NO			EMPLOYEES										
				VOLUNTEERS										
				PARTNERS										
OTHER						OTHER								

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (71) NON-OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

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**TRADITIONAL AND NEW UNINSURED MOTORIST COVERAGE  
MANDATORY OFFER AND EXPLANATION**

Georgia insurance law requires that we offer and explain to you Traditional Uninsured Motorist Coverage and if applicable, New Uninsured Motorist Coverage. Below is a brief description of each coverage option. Only the policy provides a complete description of coverage(s) and limitation(s). You have the right to select a specific coverage or reject all uninsured motorist coverage(s) in writing.

Traditional Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits pays for bodily injury and property damage losses to you and your passengers as a result of an accident with a driver who either has no liability protection and is legally responsible for the injuries or damages, or does not have enough protection to pay the full amount that the injured person is legally entitled to recover as damages.

New Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Added on At-Fault Liability Limits pays for the same bodily injury and property damage losses as Traditional Uninsured Motorist Coverage, however; it provides additional protection that will pay for your damages in addition to the At-Fault driver's Liability Coverage Limits up to your New Uninsured Motorist Coverage Limits. This new coverage is available on vehicles qualifying as private passenger type vehicles under Georgia law.

You have the right to purchase Traditional Uninsured Motorist Coverage or New Uninsured Motorist Coverage, if applicable, with limits up to the liability limits of your policy. Your selection coverage options are listed below:

\_\_\_\_\_ I accept Traditional Uninsured Motorist Coverage  
(initials)

\_\_\_\_\_ I accept New Uninsured Motorist Coverage  
(initials)

\_\_\_\_\_ I reject ALL Uninsured Motorist Coverage  
(initials)

I acknowledge that I read and understand my Traditional Uninsured Motorist and/or New Uninsured Motorist Coverage, if applicable, options.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

**Example of New Uninsured Motorist Coverage and  
Traditional Uninsured Motorist Coverage Claim Payment Calculation**

An underinsured driver fails to stop at a red light, hits your car and causes you to have \$175,000 in damages. The at-fault underinsured driver (At-Fault's) has \$50,000 of Liability Coverage. Your policy contains \$100,000 of Uninsured Motorist Coverage.

**NEW UNINSURED MOTORIST COVERAGE (IF APPLICABLE)  
(This coverage is also referred to as Uninsured Motorist-Added on to At-Fault Liability Limits)**

At-Fault's Liability Coverage Limit \$50,000  
 Your New Uninsured Motorist Coverage Limit \$100,000  
 Total Amount of Your Damages \$175,000

Payment Break Out:

At-Fault's Liability Coverage =	\$ 50,000
Your New Uninsured Motorist Coverage =	<u>\$ 100,000</u>
Total Payment =	\$ 150,000
Amount Not Covered =	\$ 25,000 <sup>(a)</sup>

The maximum available coverage in this example was \$150,000 (At-Fault's Liability Coverage Limit + Your New Uninsured Motorist Coverage Limit).

<sup>(a)</sup> Please notice that \$25,000 of the loss was not covered.

**TRADITIONAL UNINSURED MOTORIST COVERAGE (IF APPLICABLE)  
(This coverage is comparable to your current coverage. The coverage is  
also referred to as Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits)**

At-Fault's Liability Coverage Limit \$50,000  
 Your Traditional Uninsured Motorist Coverage Limit \$100,000  
 Total Amount of Your Damages \$175,000

Payment Break Out:

At-Fault's Liability Coverage =	\$ 50,000
Your Available Traditional Uninsured Motorist Coverage =	<u>\$ 50,000<sup>(a)</sup></u>
Total Payment =	\$ 100,000
Amount Not Covered =	\$ 75,000 <sup>(b)</sup>

<sup>(a)</sup> The \$50,000 amount shown here is determined by subtracting the At-Fault's Liability Coverage Limit from Your Traditional Uninsured Motorist Coverage Limit. The total available Traditional Uninsured Motorist Coverage you have in this example is \$50,000.

<sup>(b)</sup> Please notice that \$75,000 of the loss was not covered.