

ACORD MONTANA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY

APPLICANT (First Named Insured)

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL <input type="checkbox"/> BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PHYSICAL DAMAGE					
			TOWING & LABOR	3 7	\$
			COMPREHENSIVE	2 4 8	
				3 7	
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7			3 7	
UNINSURED MOTORIST	2 6	CSL <input type="checkbox"/> BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4				
UNDERINSURED MOTORIST	2 6	CSL <input type="checkbox"/> BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4				
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
	NO				COMP \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE			SPEC C OF L \$
	NO	NUMBER OF			COLL \$
		EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
COVERED AUTO SYMBOLS					
(1) ANY AUTO		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER		(7) AUTOS SPECIFIED ON SCHEDULE	
(2) ALL OWNED AUTOS		(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE		(8) HIRED AUTOS	
(3) OWNED PRIVATE PASSENGER AUTOS		(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(9) NON-OWNED AUTOS	

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE				
LIABILITY	41 46	CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	42 46			
	42 47	BI EACH ACCIDENT \$		43 47		\$	
	43 50	PROPERTY DAMAGE \$					
			SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$	
				43 47	F FTW		
			COLLISION	42 46		\$	
				43 47			
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	46	\$		
UNINSURED MOTORIST	42 46	CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE				
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE	
	45			48			
UNDERINSURED MOTORIST	42 46	CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	49			
	43	BI EACH ACCIDENT \$					
	45						
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	48		\$	
	NO			49			
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH			
	NO						
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE					
	NO	NUMBER OF					
		EMPLOYEES					
		VOLUNTEERS					
		PARTNERS					
COVERED AUTO SYMBOLS							
(41) ANY AUTO		(44) OWNED AUTOS SUBJECT TO NO-FAULT		(46) SPECIFICALLY DESCRIBED AUTOS		(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT	
(42) OWNED AUTOS ONLY		(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW		(47) HIRED AUTOS ONLY		(50) NON-OWNED AUTOS ONLY	
(43) OWNED COMMERCIAL AUTOS ONLY				(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT			

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
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"/> 68					
	<input type="checkbox"/> 64			<input type="checkbox"/> 64 <input type="checkbox"/> 68					
			SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 62 <input type="checkbox"/> 87	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP		\$		
				<input type="checkbox"/> 63 <input type="checkbox"/> 88	<input type="checkbox"/> F <input type="checkbox"/> FTW				
				<input type="checkbox"/> 64 <input type="checkbox"/> 88					
			COLLISION	<input type="checkbox"/> 62 <input type="checkbox"/> 67			\$		
				<input type="checkbox"/> 63 <input type="checkbox"/> 68					
				<input type="checkbox"/> 64 <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		COMPREHENSIVE	<input type="checkbox"/> 69					
UNDERINSURED MOTORIST	<input type="checkbox"/> 62 <input type="checkbox"/> 66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		<input type="checkbox"/> 70					
	<input type="checkbox"/> 63 <input type="checkbox"/> 67	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 69					
	<input type="checkbox"/> 64			<input type="checkbox"/> 70					
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	<input type="checkbox"/> 69					\$
	NO	\$		<input type="checkbox"/> 70					
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO	\$							
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE							
	NO	NUMBER OF							
		<input type="checkbox"/> EMPLOYEES							
		<input type="checkbox"/> VOLUNTEERS							
		<input type="checkbox"/> PARTNERS							
OTHER			OTHER						

COVERED AUTO SYMBOLS

(81) 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
(82) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY
(83) 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	

ENDORSEMENTS

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY SHOWN ABOVE, ("YOU"), I HEREBY AUTHORIZE YOU TO COLLECT AND DISCLOSE PERSONAL, PRIVILEGED INFORMATION, ABOUT ME, BY AND TO CONSUMER REPORTING AGENCIES, YOUR AUTHORIZED REPRESENTATIVES, ASSIGNEES, AGENTS AND AFFILIATES. THE INFORMATION COLLECTED AND DISCLOSED EXTENDS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, PERSONAL CHARACTERISTICS AND MODE OF LIVING. THIS AUTHORIZATION IS EFFECTIVE FOR ONE YEAR. I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A COPY OF THIS AUTHORIZATION AND, UPON REQUEST, A RECORD OF ANY SUBSEQUENT DISCLOSURES OF PERSONAL OR PRIVILEGED INFORMATION THAT MUST INCLUDE THE NAME, MAILING ADDRESS AND INSTITUTIONAL AFFILIATION OF THE PARTY TO WHICH THE INFORMATION WAS DISCLOSED AS WELL AS THE DATE OF THE DISCLOSURE, AND TO THE EXTENT PARACTICABLE, A DESCRIPTION OF THE INFORMATION BEING DISCLOSED.

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMIT IS SHOWN, I HAVE REJECTED THIS COVERAGE. _____ (INITIALS)

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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