



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

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE <i>*Include the Fire District name and code # if fire or comprehensive coverage is provided</i>			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE*	42 46 43 47		\$
	42 47	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS*	42 46 43 47	SCL FT LSP F FTW	\$
	43 50	PROPERTY DAMAGE \$	COLLISION	42 46 43 47		\$
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46	\$	
UNINSURED MOTORIST	42 46 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$	TRAILER INTERCHANGE <i>*Include the Fire District name and code # if fire or comprehensive coverage is provided</i>			
	UNINSURED/UNDERINSURED MOTORIST	42 46 43 45				
UNINSURED MOTORIST	42 46 43 45	PROPERTY DAMAGE \$	COMPREHENSIVE*	48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS*	48 49		
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION	48 49		\$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE		
	EMPLOYEES VOLUNTEERS PARTNERS		HIRED PHYSICAL DAMAGE	COMP \$		
			SPEC OF L \$			
			COLL \$			
			COVERAGE IS: PRIMARY SECONDARY			
OTHER			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		

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

ENDORSEMENTS

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 AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM OR UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM OR UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM/UIM BI, UMBI, AND/OR UM, PD OR UM/JIMP COVERAGES ENTIRELY.

1. I SELECT THE UM/UIM BI AND/OR PD LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT UIM BI COVERAGE. _____ (INITIALS)
3. I REJECT UIM PD COVERAGE. _____ (INITIALS)
4. I REJECT UM/UIM BI AND PD COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
5. I REJECT ONLY UM/UIM PD COVERAGE IN ITS ENTIRETY. _____ (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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